



Affix Patient Label	
Patient Name:	Date of Birth:

### Refusal of Eye Care in Newborn

**What is eye care?**

Eye care is placing antibiotic ointment in the eyes. This is placed into a baby's eyes very soon after birth.

**Why is antibiotic ointment important?**

Providers are required by Michigan Law to treat the newborn's eyes. Treatment is recommended for infants born by both vaginal and cesarean section deliveries.

The ointment is used to prevent blindness in infants who are born to mothers with sexually transmitted disease. Sexually transmitted diseases may be present in a person who does not show symptoms. Testing done during the pregnancy does not always show disease. The infection can happen after testing.

**What are other options?**

No treatment, you can choose to do nothing.

**What are the risks of antibiotic eye ointment?**

The ointment may cause the eyelids to become red and puffy for about 12-24 hours. It may also cause temporary blurring of vision. This is normal and will go away. The ointment does not sting the eyes.

**What if I refuse antibiotic eye ointment?**

Your baby could have a serious eye infection. Your baby could have impaired vision or blindness. Your baby could also get an infection that affects the whole body.

I have been informed of the risks and benefits of eye care for my newborn. I have had the chance to ask questions. I would like to **refuse** treatment at the time of birth.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have explained to the parents of the newborn about the prevention of eye disease and the risks to their child if they refuse treatment.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_