

INSTILLATION OF EYE DROPS OR EYE OINTMENT IN PATIENTS WHO HAVE NOT HAD OPHTHALMIC SURGERY WITHIN THE LAST MONTH – NURSE PRACTITIONER

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| Approving body | Divisional Governance Group |
| Policy reference | SWBH/ BMEC/Ophth/035 |

ESSENTIAL READING FOR THE
FOLLOWING STAFF GROUPS:
1 – **BMEC Ophthalmic Clinical Staff**
2 – **Ophthalmology Clinical Staff**

STAFF GROUPS WHICH SHOULD BE
AWARE OF THE POLICY FOR
REFERENCE PURPOSES:
1 – **Trust Ophthalmology Clinical Staff**

POLICY APPROVAL DATE:

March 2012

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IMPLEMENTATION
DATE:

March 2012

DATE POLICY TO
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March 2015

DOCUMENT CONTROL AND HISTORY

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| 1 | May 2009 | May 2009 | March 2011 | Changes made to reflect nurse practitioner role |
| 2 | March 2012 | March 2012 | March 2015 | |
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CONTENTS

| | | PAGE |
|----|------------------|------|
| 1. | Introduction | 4 |
| 2. | Aim | 4 |
| 3. | Objectives | 4 |
| 4. | Definitions | 4 |
| 5. | Specific details | 4-5 |
| 6. | Training | 6 |
| 7. | Reference | 7 |

1. Introduction

Many ophthalmic patients require the instillation of eye drops or eye ointment as part of their treatment regime. Other ophthalmic patients may require the instillation of eye drops in preparation for surgery, or in order to dilate the pupil to enable the back of the eye (the fundus) to be examined.

This is a clean procedure so should be carried out in conjunction with any appropriate Trust infection control recommendations (see references) or as advised by Trust Clinical Nurse Specialists Infection Control.

2. Aim/Purpose

- 2.1 To administer topical eye drops or eye ointment in a safe, effective and appropriate manner.

3. Objectives

- 3.1 The instillation of the eye drops and or eye ointment will be carried out by an ophthalmic trained nurse or a general trained nurse who has received instruction in the procedure and is deemed competent.
- 3.2 Equipment for the procedure will be collected together before beginning the instillation of eye drops and or eye ointment
- 3.3 Equipment required will be:
- The patient's own prescription sheet, case notes or casualty card.
 - Prescription by a medical practitioner or in accordance with a patient group directive, appropriately written up.
 - Prescribed eye drops and/or eye ointment.
 - Clean tissues.
 - Single disposal bag.
 - Suitable light source.
 - Appropriate hand washing facilities are also required.

NOTE

If routine cleaning of the eye or eye hygiene is required, ensure it is completed prior to the instillation of the eye drops or eye ointment.

4. Definitions used

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| CNSIC | – | Clinical nurse specialist in infection control |
| Dilate | – | To enlarge the pupil using eye drops |
| Pupil | – | Opening in the iris (coloured part) of the eye |
| Cornea | – | Transparent layer at the front of the eye sometimes referred to as the 'window' of the eye |

5. Specific detail / procedure

- 5.1 Check the patient's name address, date of birth and personal details with the patient and / or patient's carer and against the prescription sheet, case notes or

Instillation of eye drops or eye ointment in patients who have not had ophthalmic surgery within the last month

casualty card in accordance with the trust policy on the administration of medicines. Check it is the correct patient, correct drug, correct strength, correct route, correct eye, correct dose, correct time and expiry date of medication has not been exceeded. This will confirm the identity of the patient and safeguard against wrongful administration.

- 5.2 Explain the procedure to the patient and the purpose of administration to obtain informed consent and co-operation, empowering the patient to make informed choices, allaying fears and anxieties
- 5.3 Seat the patient with their head well supported or lie the patient ensuring the chair, couch or bed is at an appropriate height for the patient's and nurses comfort and safety
- 5.4 Wash hands using the trust hand washing procedure to reduce the risk of cross infection
- 5.5 Ask patient to look up and gently pull down the lower lid to form a 'sac' to ensure safe technique, patient comfort and to avoid damage to the cornea. Squeeze one drop, or a small amount (1.25cm / ¼") of ointment (after discarding the first 1.25cm /1/4" of ointment from the tube into a tissue and discarding it; **necessary for first use of tube only**), into the 'sac' at the outer temporal area of the lower eyelid, taking care not to contaminate the bottle or tube.

Ask the patient to close their eye for 30 seconds. This will aid the absorption of the eye drops/eye ointment and minimise discomfort to the patient.

5.5.1 Punctal occlusion

Punctal occlusion should be advised routinely as best practice to avoid confusion.

Instruct the patient how to occlude the punctum by gently pressing on the medial canthus for a minimum of one minute, immediately after the instillation of eye drops. This helps to minimise systemic absorption of eye drops, is essential in some cases and advisable in others especially in the case of children.

NOTE

When practising punctal occlusion the patient should wash their hands before and after the instillation of any eye drops or the instillation of any eye ointment

- 5.6 If the patient is prescribed eye drops and eye ointment at the same time, eye drops should be instilled first, the eye ointment at least five minutes later.
- 5.7 If more than one type of eye drop is required at the same time, a space of at least five minutes between the first and the second is recommended.
- 5.8 Repeat procedure to other eye if necessary, washing hands in between to comply with safe technique and to minimise the risk of contamination
- 5.9 Dispose of any waste materials according to trust policies to prevent environmental contamination

- 5.10 Sign the appropriate drug administration sheet, case note or casualty card to fulfil local trust policy and Nurses and Midwifery Council guidelines on the administration of medicines.
- 5.11 Wash hands using the trust hand washing procedure to reduce the risk of cross infection to self and others.
- 5.12 Make sure all medicines are stored safely, appropriately and at the correct temperature referring to the trust policy on the storage of medicines.

6. Training

- 6.1 All ophthalmic trained nurses will receive instruction in this procedure during their ophthalmic nursing course
- 6.2 General trained nurses will receive training in the administration of medicines during their training. They will then receive in-house instruction in this procedure, then be allowed to carry it out under supervision until deemed competent by the ward or departmental manager

7. References

Perry J P, Tullo A B (1995) *Care of the Ophthalmic Patient*. Chapman and Hall, London

Stollery R, Shaw M Lee H (2005) *Ophthalmic Nursing*, 2nd Edition. Blackwell Science Ltd, Oxford.

SWBH/Pt Care/05 MEDICINES MANAGEMENT POLICY

SWBH/ Pt Care/019 NON MEDICAL PRESCRIBING POLICY

SWBH/COI/006 Section 3 IFC Hand Hygiene

SWBH/COI/025 Section 5 IFC Principles of Asepsis

SWBH/COI/028 Section 6 IFC Decontamination Environment

SWBH/COI/029 Section 6 IFC Decontamination Equipment

SWBH/COI/010 Sharps and Clinical waste (segregation, collection and disposal) Infection control guidelines