

# MVH - PROCEDURE

ORIGINAL DATE: 05/18

REVISED:

**SUBJECT: MEDICATION ROUTE: EYE**

**PURPOSE:** To outline care objectives and procedures for the clinical management of medication administered via the Eye.

**PROCEDURE:**

1. MVH has adopted the VNAA recommended Hospice and Palliative Care approach as outlined in Section: 12.09. (See attached)

Nature of Change	N/A - New
CCO Signature:	<i>Patricia Conway</i> 5/24/18 Date
CEO Signature:	<i>[Signature]</i> 1/1/18 Date



**KEY POINTS**

- Eye medications include:
  - Drops
  - Ointments
  - Intraocular disk, which contains medication and prevents the need for frequent application of drops. It is usually applied to the conjunctival sac and can remain there for a week.
- Teaching patient/caregivers how to properly apply eye medications is an important part of home health practice.
- Do not apply eye medication directly on the cornea. Eye medications should be applied to conjunctival sac while patient looks towards upper lid.
- Do not touch the tip of the medication bottle/lid to eye/lid to prevent contamination.
- The canthus of the eye is where upper and lower eye lids meet. Inner canthus is side closest to nose; outer canthus is closest to ear.

**EQUIPMENT**

Clean gloves

Medication bottle with sterile dropper, ointment tube, or medicated intraocular disk

Sterile saline, if needed for intraocular disk

Clean tissue

Warm water and washcloth, if needed

Eye patch, tape, if ordered

**PROCEDURE**

- Check order for medication, dose, frequency, and route, including number of drops. Clarify if medication is for one eye or both.
- Identify patient. Explain procedure. Adhere to standard precautions. Assemble equipment.
- Ask patient to lie supine or sit back in chair with head slightly hyper extended. Do not hyperextend if cervical spine injury.
- Perform hand hygiene. Don gloves.
- Inspect eye(s). If drainage or crusts present, gently wash away. Wipe clean from inner to outer canthus.
- Ask patient to look at ceiling.

**Instilling eye drops**

- Hold clean tissue in non-dominant hand on patient's cheekbone just below lower eyelid.
- With tissue resting below lower lid, gently pull downward with thumb or forefinger toward bony orbit. Never press directly against eyeball.
- With dominant hand resting on patient's forehead, hold filled medication eyedropper approximately 1 - 2 cm (1/2-3/4 inch) above conjunctival sac.
- Instill ordered number of drops into sac.
- If patient blinks or drops fall on outer lid, repeat procedure.

- After instilling drops, ask patient to close eye gently.
- To promote medication contact with eye and prevent systemic effects, apply gentle pressure to naso-lacrimal duct for 30 - 60 seconds using clean tissue.

**Instilling eye ointment**

- Gently pull lower lid down with non-dominant hand so conjunctiva of lower lid is visible.
- Holding ointment applicator above lower lid margin with dominant hand, apply thin ribbon of ointment evenly along inner edge of lower eyelid on the conjunctiva from the inner canthus to outer canthus.
- Ask patient close eye.
- Rub lid lightly in circular motion with cotton ball, if not contraindicated.

**Insertion of intraocular disk**

- Open package with disk.
- Gently press your gloved finger against disc so that it adheres to your finger. May need to moisten gloved finger with sterile saline to get lens to stick.
- Position the convex side of disk on your finger tip.
- With other hand, gently pull patient's lower eyelid away from eye. Ask patient to look up.
- Place disk in the conjunctival sac, so that it floats on the sclera between the iris and lower eyelid.
- Pull lower eyelid out and over the disk. You should not be able to see disk.

**Removal of intraocular disk**

- Gently pull on patient's lower eyelid to expose the disk.
- Using your finger and thumb of your other hand, pinch the disk and lift it out of eye.
- If excess medication is on eyelid, gently wipe with clean tissue from inner to outer canthus.
- If eye patch needed, apply clean one by placing over affected eye so entire eye is covered.
- Tape securely without applying pressure to eye.
- Assist patient to comfortable position.
- Dispose supplies in proper receptacle.
- Doff gloves. Cleanse hands.

**AFTER CARE**

- Teach patient/caregiver:
  - When using over-the-counter eye drops, patient should not share medication with other family members. Risk of infection transmission is high.
  - If patient receives medication that paralyzes the ciliary muscles of eye (e.g. Atropine), alert patient that activities that require acute vision will be difficult.

2. Document in patient record:
  - a. Medication name, dose (number of drops), route, which eye(s) treated
  - b. Response to medication, including any adverse reactions
  - c. Instruction given to patient/caregiver; comprehension and/or return demonstration
  - d. Communication with primary care provider as indicated based on patient condition

**REFERENCES**

- Barstow, N. & Perry, A.G. (2014). Oral and topical medications. In A.G. Perry & P. A. Potter (Eds.), *Nursing skills and techniques* (8<sup>th</sup> ed.) (pp. 492-537). St. Louis, MO: Mosby.
- Harrison, R. L. (2014). Safe medication preparation. In A.G. Perry & P. A. Potter (Eds.), *Nursing skills and techniques* (8<sup>th</sup> ed.) (pp.472-491). St. Louis, MO: Mosby.