

IIB5: EYE DROP ADMINISTRATION

Purpose

To administer ophthalmic solution/suspension into the eye in a safe, accurate, and effective manner.

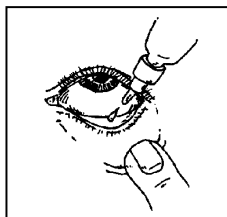
Equipment Required

- A. Eye drop medication.
- B. Gauze pad, cotton ball, or tissue.
- C. Examination gloves.
- D. Barrier (e.g., disposable tray or plastic cup).
- E. Medication Administration Record (MAR).
- F. Waste receptacle.
- G. Drug reference (available in facility).

Procedures

For general guidelines on medication administration, refer to IIA01: EQUIPMENT AND SUPPLIES FOR ADMINISTERING MEDICATIONS and IIA2 MEDICATION ADMINISTRATION-GENERAL GUIDELINES.

- A. If the resident wears contact lenses, remove them before using eye drops and wait 15 minutes before reinserting them.
- B. Put on examination gloves.
- C. If the eye drop is a suspension (read label), shake well.
- D. Remove the cap, taking care to avoid touching the dropper tip. Place the cap on the barrier or a clean, dry surface.
- E. Tilt resident's head slightly back.
- F. With a gloved finger, gently pull down lower eyelid to form "pouch," while instructing resident to look up. Place other hand against resident's forehead to steady. Hold inverted medication bottle between the thumb and index finger, and press gently to instill prescribed number of drops into "pouch" near outer corner of eye. Do NOT let tip of dropper touch the eye or any other surface. If resident blinks or drop lands on cheek, repeat administration.



- G. Instruct resident to close eyes slowly to allow for even distribution over surface of the eye. The resident should also refrain from blinking or squeezing eyes shut.
- H. While the eye is closed, use one finger to compress the tear duct in the inner corner (inner canthus) of the eye for 1-2 minutes. This reduces systemic absorption of the medication. Alternatively, the resident may keep his/her eyes closed for approximately three minutes.¹
- I. Wipe off tears or excess solution with clean gauze, cotton ball, or tissue.
- J. If another drop of the same or different medication is prescribed for administration in the same eye at the same time, wait 10 minutes,^{2,3} then repeat procedure above.
- K. If administering medications to both eyes, use a different gloved finger to apply pressure to the inner tear duct. **[If the eye medication is an antibiotic or anti-viral and the resident has an active eye infection, change gloves between eyes.] If one eye is infected, treat the infected eye last.**
- L. Recap bottle.
- M. Remove and dispose of gloves. Discard any barrier used for carrying or storing the medication and supplies. Wash hands thoroughly with antimicrobial soap and water or facility-approved hand sanitizer.

References:

¹Section 483.25(m), F-332/333, of the Centers for Medicare & Medicaid (CMS) Guidance to Surveyors for LTC Facilities states, "When the procedures are possible, systemic effects of eye medications can be reduced by pressing the tear duct for one minute after eye drop administration or by gentle eye closing for approximately three minutes after the administration."

²Section 483.25(m), F332-333, of the Centers for Medicare and Medicaid Services (CMS) Guidance to Surveyors for long-term care facilities states, "that a medication error is "...the observed preparation or administration of drugs or biologicals which is not in accordance with...manufacturer's specifications (not recommendations) regarding the preparation and administration of the drug or biological."

³It is important to review each ophthalmic medication's approved prescribing information (package insert), as some manufacturers recommend specific administration and/or spacing timeframes. For example, package inserts and drug information references recommend waiting 10 minutes between administration of levobunolol, timolol, brinzolamide, or dorzolamide and other ophthalmic medications.