Administering Eye Drops and Ointments

Purpose:

To properly instill eye drops for effective treatment or testing.

Equipment:

Eye drops as directed by the physician.

Notes:

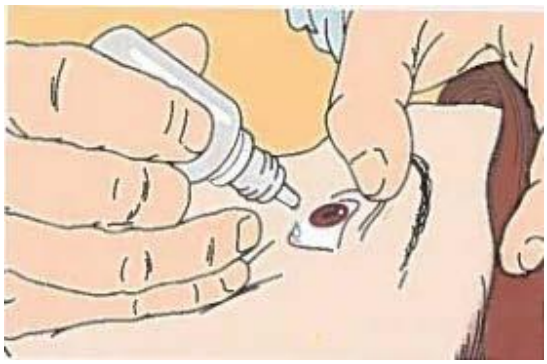
- Always read the label before instilling drops to ensure correct medication.
- Screw caps on tightly and return bottles to the holder after use.
- Avoid touching the eye with the dropper tip—discard the bottle if contamination occurs.
- Use a drop technique that works best for you, as long as the drop is delivered accurately.

Cautions & Interferences:

1. Some drops sting—warn the patient beforehand.
2. You may need to gently pry eyelids open but avoid pressure on the globe.
3. Children may require restraint by staff or a parent.
4. Never let the tip touch the lids, lashes, or eye surface—discard if it does.

Procedure:

1. Verify patient identity and physician orders.
2. Check allergy history and medication label (name, expiration, target eye[s]).
3. Ensure the room is well-lit.
4. Perform hand hygiene and wear gloves if required.
5. Explain the procedure and possible side effects. For dilating drops, check the anterior chamber depth first.
6. Position the patient seated with head tilted back.
7. Remove cap and hold dropper above eye.
8. Ask the patient to look up; gently pull down the lower lid.
9. Instill one drop into the lower cul-de-sac, without touching the eye or surrounding areas.
10. Release lid and have the patient gently close the eye for 30 seconds to ensure absorption.
11. Replace the cap and blot excess with tissue; dispose of tissue properly.



- Repeat the instillation steps for the second eye if indicated.
- Clean the area and store medication per instructions and clinic policy.
- Remove and dispose of gloves (if used) according to clinic policy.
- Assist the patient to a comfortable position.
- Wash your hands.
- Document the medication administration and time in the medical record as required.

Ointment Instillation:

1. Verify patient identity and medical orders for ointment use.
2. Check allergy history.
3. Ensure adequate room lighting.
4. Perform hand hygiene; wear gloves if required.
5. Confirm medication label, expiration, discard date, and target eye(s).
6. Explain the procedure and possible side effects to the patient.
7. Position patient seated with head tilted back.
8. Remove cap; hold tube tip over eye without touching any eye surface.
9. Have patient look up; gently pull down lower lid.
10. Squeeze out a 1 cm (½ inch) ribbon of ointment into the lower cul-de-sac.
11. Avoid tube tip contact with eye or surrounding areas—discard tube if contaminated per policy.
12. Release eyelid; instruct patient to blink several times for even distribution.
13. Replace cap immediately.
14. Blot excess ointment from face with tissue; dispose of tissue properly.
15. Repeat for the second eye if needed.
16. Clean area and store medication per instructions and clinic policy.
17. Remove and dispose of gloves if used.

- Assist the patient to a comfortable position.
- Wash your hands.
- Record the administration and time of instillation in the medical record as required.

Alternate Drop Administration Methods:

- Have the patient lean or tilt their head back.
- Ask them to look down toward their feet.
- Using the opposite hand holding the bottle, lift the upper eyelid to expose the superior sclera.
- Gently squeeze the bottle to release a drop onto the eye.

For young children or anxious patients:

- Recline the exam chair so the patient is supine.
- Instruct the patient to close their eyes very gently, “as if you were going to sleep.”

Suggested Order of Eye Drops in Office:

1. Proparacaine or Fluorescein for IOP check — may sting, especially in dry eyes; warn patients.
2. Tropicamide 1% for dilation — may sting if an anesthetic wasn't used first or it's been over 15 minutes; warn patients. (Cyclopentolate 1% or 2% can be used if directed.)
3. Phenylephrine 2.5% for dilation — doesn't sting, so use last and reassure patients it won't sting.

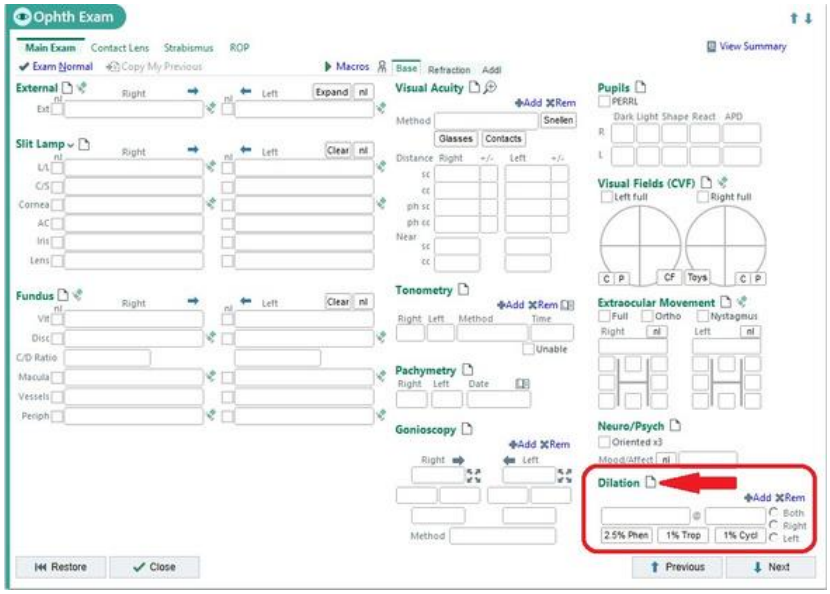
Documentation:

If the angle is narrow or questionable, document this in Epic under the Dilation note and do not dilate.

Have a resident, fellow, or attending recheck the angle.

If they approve dilation, add a note stating:

"OK to dilate per Dr. [Name]"



These are the drops typically used for patient care at Moran.

Cyclopentolate may be requested by the provider, but is not typically used for routine dilation in the adult clinics. (Used more routinely in Pediatrics)

Atropine and 10% Phenylephrine will be used by physician direction, only.

Discard Dating Policy: Proparacaine, must be discarded after 14 days. Fluorescein Sodium and Benoxinate Hydrochloride Ophthalmic Solution (Fluress) must be discarded after 30 days. Drops are to be labeled with their discard date. and the label taped over, once opened. The tape prevents the label print from wearing off.

Documentation: With the exception of Proparacaine and Fluress for tonometry, all drops and ointment administered in the clinic should be documented. (If Proparacaine or Fluress is being used for reasons other than tonometry, their use should also be documented.)
Documenting the instillation of dilating drops is done under "Dilation" in the Ophthalmology Exam, in Epic. Required documentation includes the drop(s) used, eye(s), and time of administration.

Drops used for dilating will be recorded under "Dilation" in Epic. Other therapeutic drops and ointments must also be recorded. Check with your clinic lead or preceptor to know where to document their use. The name, eye(s), and time must be recorded for any and every drop administered.

Here is a list of additional common medications used in clinics and their corresponding class, cap colors, brand name, and generic name.

CLASS	COLOR	BRAND NAME (GENERIC NAME)
Mydriatics	Red	Phenylephrine
Cycloplegics	Red	Tropicamide Cyclopentolate Atropine
Anti-inflammatory		
Steroids	Pink	Lotemax, Alrex (loteprednol etabonate) Pred Forte/Pred Mild (prednisolone acetate) Fluor-Op, Fml, Flarex (fluorometholone) Durezol (difluprednate)
Nonsteroidal anti-inflammatory drugs (NSAIDS)	Grey	Voltaren (diclofenac) Acular (ketorolac)
Glaucoma		
Prostaglandin analogs (PGAs)	Teal	Xalatan (latanoprost) Travatan (travoprost) Lumigan (bimatoprost)
Beta-blockers (0.25%)	Light Blue	Timoptic (timolol) Betagan (levobunolol) Betoptic (betaxolol) Optipranolol (metipranolol)
Beta-blockers (0.50%)	Yellow	Timoptic (timolol) Betagan (levobunolol) Betoptic (betaxolol) Optipranolol (metipranolol)
Alpha agonists	Purple	Alphagan P (brimonidine) Iopidine*white cap (apraclonidine*purple cap)
Carbonic anhydrase inhibitors (CAIs)	Orange	Trusopt (dorzolamide) Azopt (brinzolamide)
Miotics	Green	Pilocarpine
Beta-blocker combinations	Dark Blue	Combigan (brimonidine/timolol) Cosopt (dorzolamide/timolol)
Alpha agonist combinations	Mint Green	Simbrinza (brinzolamide/brimonidine)
Anti-bacterials	Tan	Besivance (besifloxacin) Ciloxan (ciprofloxacin) Iquix, Quixin (levofloxacin) Ocuflox (ofloxacin) Vigamox, Moxeza (moxifloxacin) Zymar (gatifloxacin)