**PURPOSE:**
To instill drops into the eye for cleansing/antiseptic purposes; to dilate or contract pupil; to relieve pain or pressure, treat diseases and infections, anesthetize, stain and lubricate.

**CONSIDERATIONS:**
1. Medicated eye drops require a physician’s order.
2. Only approved abbreviations can be used on the physician order.
3. Eye drops must be labeled for ophthalmic use.
4. Care should be taken so that medication is not instilled into the tear duct to prevent systemic absorption.
5. Use at least 2 patient identifiers prior to administering medications.
6. Use age appropriate positioning.
7. Allow choices by the child whenever possible.
8. Use age appropriate games to promote cooperation.
9. Provide rewards and praise after the administration.
10. If eye drops and ointments are ordered, administer the eye drops first, wait 3 minutes and then administer the ointment.
11. Although eye drop administration is usually not painful, infants and young children find it intrusive and associated with unpleasant sensations.
12. Warm drops to room temperature.

**EQUIPMENT:**
- Eye drop medication
- Ophthalmic medications
- Gloves and other personal protective equipment (PPE), as indicated
- Tissue/Gauze/Cotton balls

**PROCEDURE:**
1. Adhere to Standard Precautions.
2. Check the physician order for the patient name, medication, dosage, frequency and site to be instilled.
   a. o.s. = left eye
   b. o.d. = right eye
   c. o.u. = both eyes
3. Explain the procedure to the parent/child.
4. Wash hands, gather supplies.
5. Wash hands and don gloves.
6. Position infants and young children in a supine position with both arms extended over the head, on each side of the head to prevent movement. Secure assistance as needed.
7. Older children that are cooperative may lie in a supine position or sitting position with the head extended back.
8. Ask the patient to look up if they will cooperate.
9. Wipe away any exudates or drainage with a gauze sponge soaked in tepid water, cleaning the eye from the inner canthus to the outer. Use a clean gauze for each stroke and eye.
10. Fill the dropper with slightly more than the desired amount of solution.
11. The wrist of the hand being used to give the medication should be placed on the child’s forehead to steady the hand.
12. Gently pull down the lower eyelid with the other hand by placing gentle pressure downward below the eyelashes exposing the conjunctival sac.
13. Position the dropper so that the drug will fall into the lower eyelid, never directly on the eye.
14. Instill the prescribed number of drops. DO NOT touch the eye with the dropper.
15. Keep the eye closed for 1-3 minutes.
16. For infants that clench the lids tightly closed the drops can be placed in the nasal corner where the lids meet. The medication pools in this area, and when the child opens the eye the medication flows into the conjunctiva sac.
17. Apply pressure to the inner canthus to prevent drainage into the nasopharynx and back of the throat. This also prevents systemic absorption of the medication.
18. To apply eye ointment follow the above and squeeze a ribbon of medication along the lower conjunctival sac.
19. Praise the child for cooperation.
20. Discard soiled supplies in appropriate container.
21. Remove gloves and wash hands.
22. Provide parent/caregiver with teaching tools including:
   a. Medication, dose, frequency of administration.
   b. Actions and side effects of the medication.
   c. Age appropriate techniques of administration.
   d. Reasons for notification of nurse or physician.
23. Parent/caregiver does return demonstration as needed.

**AFTER CARE:**
1. Document in the patient’s record:
   a. Medication, dosage and site.
   b. Appearance of the eye.
   c. Date and time medication was administered.
   d. Parent/caregiver understanding of teachings.

**REFERENCES:**