THE STUDY VAULT

Clinical Chaos

Eye Drops

SKILL SNAPSHOT

Purpose
- Administers sterile ophthalmic medication into the conjunctival sac without contaminating the applicator or injuring the cornea.

When to use
- Glaucoma, infection, inflammation, dryness, dilation, anesthesia, or other prescribed ocular therapy.

Supplies needed
- Ordered ophthalmic drops; gloves; tissues/gauze; saline for cleansing if ordered; timer for multiple medications.

PREP + PATIENT SETUP
- Verify medication, concentration, affected eye, dose, timing, allergies, contact-lens instructions, and sequence.
- Assess vision, pain, redness, drainage, pupils, and eye condition as relevant.

VAULT TIP
- Aim for the lower conjunctival pocket. Closing gently plus punctal pressure keeps more medication in the eye.

STEP-BY-STEP
1. Hand hygiene; identify patient; explain effects such as brief stinging or blurred vision.
2. Compare label with MAR/order. Position supine or seated with head tilted back.
3. Apply gloves when drainage or contact with tears is expected. Clean lids from inner to outer canthus with a fresh area each pass if needed.
4. Ask patient to look upward. Gently pull lower lid down to form the conjunctival sac.
5. Hold dropper 1-2 cm above the sac without touching lashes, lid, eye, or fingers.
6. Instill the prescribed drops into the lower conjunctival sac, not directly onto the cornea.
7. Release lid gently. Ask patient to close the eye without squeezing or rubbing.
8. Apply gentle pressure to the nasolacrimal duct at inner canthus for about 1 minute, or as medication guidance directs, to reduce systemic absorption.
9. Blot excess medication from inner to outer canthus without pressing on the globe.
10. Wait the recommended interval between different drops, commonly at least 5 minutes; give drops before ointment.
11. Repeat with separate clean technique for the other eye if ordered. Avoid mixing bottle tips between infected and uninfected eyes.
12. Remove gloves, perform hand hygiene, and reassess vision, comfort, and adverse effects.

SAFETY REMINDERS
- Never touch dropper tip to any surface.
- Do not apply pressure to an injured eye or suspected open globe.
- Verify ophthalmic - not otic - product. Eye drops may go in ears only if ordered; ear drops never go in eyes.
- Watch for systemic effects from beta-blocker or other potent drops.

COMMON MISTAKES
- Dropping medication onto cornea.
- Allowing patient to squeeze eyelids.
- Giving ointment before drops.
- Skipping nasolacrimal occlusion when indicated.

DOCUMENTATION
- Medication, dose, eye(s), date/time.
- Pre/post ocular findings and vision if required.
- Sequence and spacing of medications.
- Patient tolerance and teaching.
- Adverse/systemic effects and notifications.