

# Medication Assistance Activity Sheet: Eye Medication

## MAP Level 2 & 3: Medication Assistance Activity Sheet

This activity sheet guides unregulated health care providers when assisting with eye medication.

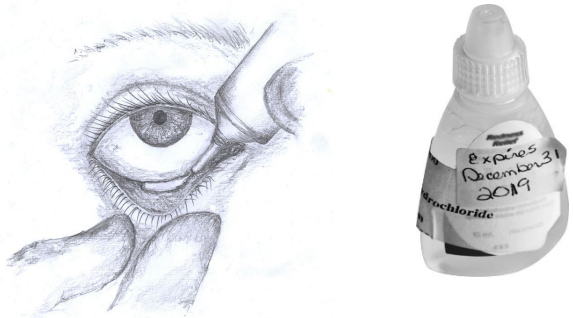

check	Activity
<input checked="" type="checkbox"/>	The <b>First Medication Safety Check</b> is done by the regulated health care provider who verifies the completeness and appropriateness of the prescriber's order (e.g., dispensing pharmacy or nurse)
<input type="checkbox"/>	Introduce yourself and review the client's care plan/medication record for instructions
<input type="checkbox"/>	Perform hand hygiene and gather the required supplies: <ul style="list-style-type: none"> <li>• eye (ophthalmic) medication</li> <li>• facial tissues</li> <li>• warm water or saline and gauze pads or face cloth for cleaning as directed on care plan</li> <li>• other items as per care plan: e.g., Personal Protective Equipment (PPE)</li> </ul>
<input type="checkbox"/>	Perform the <b>Second Medication Safety Check</b> : <ul style="list-style-type: none"> <li>• check for allergies and alerts on the medication label and care plan/medication record</li> <li>• check the expiry date and/or beyond use date of the medication</li> <li>• check &amp; compare the medication rights* on the medication label and care plan/medication record</li> <li>• report any discrepancies or incorrect/unclear information to the supervisor immediately; do not proceed until concerns are resolved</li> </ul>
<input type="checkbox"/>	Prepare the medication according to instructions on the care plan/medication record <ul style="list-style-type: none"> <li>• perform hand hygiene</li> <li>• check that the medication container is not cracked or leaking. Visually inspect the contents for particles or discoloration (when able)</li> <li>• verify the medication is labelled for eye (ophthalmic) use</li> <li>• prepare medication as directed in the care plan:               <ul style="list-style-type: none"> <li>○ warm medication container in the palm of hand for 1-2 minutes</li> <li>○ gently agitate/mix liquid medication before use by rolling between palms</li> </ul> </li> </ul>
<input type="checkbox"/>	Perform the <b>Third Medication Safety Check</b> : <ul style="list-style-type: none"> <li>• identify the client using two (2) unique client identifiers</li> <li>• explain the activity to the client</li> <li>• check the medication rights* comparing the medication label and care plan/medication record</li> </ul>
<p>* <b>Medication rights:</b> right client, right medication, right time, right dose, right route, right documentation, right of refusal. Unregulated health care providers are not required to know the "right reason" when providing medication assistance as directions on the care plan are followed.</p>	
<input type="checkbox"/>	Provide MAP Level 2 or 3 assistance as per the care plan, including: <ul style="list-style-type: none"> <li>• don PPE as required</li> <li>• if directed on the care plan, clean around the eye before instilling medication</li> <li>• position the client for medication assistance (e.g., seated upright with head tilted back)</li> <li>• avoid touching the eye or eyelashes with the tip of the container</li> <li>• if instilling medication to both eyes, instill into the least affected eye first</li> <li>• instruct the client to close eyes and roll eyeballs when lids are closed, to distribute the medication</li> <li>• use a facial tissue to remove excess solution or ointment that leaks from the eye</li> <li>• wait the appropriate amount of time before assisting with other ophthalmic medication</li> </ul>
<input type="checkbox"/>	Complete the activity: <ul style="list-style-type: none"> <li>• discard used supplies and clean reusable equipment (if used)</li> <li>• perform hand hygiene</li> <li>• complete documentation</li> <li>• report observations as instructed on the care plan, or issues/concerns to the supervisor</li> </ul>



**Seniors Health & Continuing Care**



## Tips

Eye drops	Eye ointment
<ul style="list-style-type: none"> <li>Remove the cap from the squeeze bottle and place it upside down on a clean surface</li> <li>Hold the eye open with one hand by pulling up on the eyelid and down on the lower eyelid.</li> <li>Squeeze or pull down on the lower eyelid to form a pouch</li> <li>Position the bottle over the client's eye, tip down</li> <li>Ask the client looks up then squeeze the bottle to instill the correct number of drops into the pouch (see image below)</li> </ul>  <p><b>Note:</b> when the client has more than one eye drop for instillation, wait 5 minutes between medications</p>	<ul style="list-style-type: none"> <li>Remove the cap from the tube and place it upside down on a clean surface</li> <li>Squeeze out a small amount of ointment from the tube and discard</li> <li>Pull down on the lower lid to expose the mucosa. Start at the inner part of the eye and move outward</li> <li>Squeeze a 1 to 2 mm ribbon of ointment into the lower eyelid</li> </ul>  <p><b>Note:</b> when the client has more than one eye ointment for instillation, wait 10 minutes between medications</p>
<ul style="list-style-type: none"> <li>Place the date the medication is opened on the label and use by the “best before” date or expiry date</li> <li>Ask client to remove contact lenses before instilling drops or ointment, unless otherwise indicated on care plan</li> <li>When the client has both eye drops and eye ointment for instillation, assist with eye drops first</li> </ul>	

References:

- Alberta Health & Wellness (2013). *Health Care Aide Provincial Curriculum: Course 6-Module 1: Assisting with Medication Delivery*
- Eyedrop administration (2022, May 19). *Lippincott Procedures*: <https://procedures-lww-com.ahs.idm.oclc.org/lnp/home.do?setCookie=2948>

**Note:** When providing MAP Level 1 (reminder), the unregulated health care provider does not handle or prepare medication for the client. Therefore, they do not perform the medication rights or perform safety checks.