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Royal Cornwall Hospitals NHS Trust

Instillation of Eye Drops for Patients Attending Ophthalmic Out-Patient Clinics at RCH or RCH Supported Community Hospital Clinics by Non-Registered Staff Standard Operating Procedure

V1.0

April 2023

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Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

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Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This guideline is applicable to Registered Nursing Associates (NA) Assistant Practitioners (AP), Band 3 Healthcare Assistants (HCA), Ophthalmic Photographers (OP) and Glaucoma Practitioners (GPs), who are employed by the Royal Cornwall Hospital (RCHT) and who will be required to instill eye drops as part of their role, while providing a service to patients having an Ophthalmology Out-Patient appointment. This section should provide an overview of the importance and role of the subject covered by the document. If the document is created in support of a parent procedure, then this should be referenced.

1.2. In order to provide an efficient service, that meets the needs of our patients and staff availability, it is essential that the Ophthalmology service supports the Unregistered staff (NAs, AP, HCAs, Ops and GPs) to administer eye drops as well as the Registered.

1.3. This process is in line with the standards advised by the Royal College of Ophthalmologists – Ophthalmic services guidelines, Eye drops Instillation by unregistered healthcare professionals for use within NHS Ophthalmic services (November 202).

2. Purpose of this Standard Operating Procedure

2.1. The aim of the document is to:

- Outline the required practice for the prescribing and administration of eye drops in Ophthalmology out-patient clinics.
- Define the standards expected for safe, efficient, and effective practice for non-registered colleagues who instil prescribed eyedrops as per RCH Patient Specific Directives (PSDs). These standards will apply whether on the RCH site or an RCH supported community hospital clinic.
- Ensure all Non-registered colleagues who instil eye drops are appropriately trained and assessed as competent to administer the prescribed eye drops.
- Reflect the national monitoring standards required for Ophthalmic care.

2.2. This SOP should be read in conjunction with the following documentation:

- Royal College of Ophthalmologists (RCOphth), Drop Instillation guidance by unregistered Health Care Professionals for use within NHS Ophthalmic Services. (November 2020).
- RCH Policy for Consent to Examination or Treatment.
- RCH Policy to Manage Information and Records.
- RCH Infection prevention and control - roles and responsibilities policy.
  http://www.gov.uk/drug-safetyupdate

- RCH Medicines Policy.
- RCH safe storage of medicines Policy.
- Instillation of eye medication Available at: Clinical Skills. https://www.clinicalskills.net

3. Ownership and Responsibilities

Ownership of this SOP will be shared between the responsible prescribing clinician, the department/ward sister or charge nurse for the Ophthalmology service, the Nurse-in-charge (NIC) on the shift, the non-registered colleagues administering the eye drops and the Royal Cornwall Hospital Pharmacy Departments.

3.1. Role of the Responsible Ophthalmology Prescribing Clinician

- To be aware of the standard described in this SOP and their role in following them.
- To review the patients attending the specific clinic and prescribe the required eye drops on the dedicated Patient Specific Directive (PSD) form for each specific patient.
- To prescribe the eye drops on the Medisoft system for traceability.

3.2. Role of the Ophthalmology Department Sister / Charge Nurse

- To be aware of the standard described in this SOP and their role in following them.
- To ensure that all Non-registered HCPs colleagues who administer eye drops have read and understood this SOP and are signed off as competent to safely administer patient eye drops.
- To ensure all colleagues who administers topical ophthalmic drops meet the expected standard as described in this SOP.
- To ensure all appropriate colleagues are supported to undertake the relevant training (For training pathway complete Clinicalskills.net Instillation of eye medication training package and competency sign off).
- To provide colleagues with relevant training opportunities and competence to provide the safe and effective instillation of eye drops as prescribed.
- To ensure appropriately competent and skilled colleagues are allocated to the required clinics.

3.3. Role of The Registered Nurse

- To be aware of the standard described in this SOP and their role in following them.

- To be familiar with all the topical ophthalmic medication prescribed within the current specialty PSDs that they may be required to administer.

- To be a point of contact / escalation of any concerns from non-registered colleagues.

- At the start of the clinic session, ensure all relevant clinic rooms have the required boxes of eye drops available in them, so that the non-registered colleagues can access them for each patient.

- At the end of the session to remove all unused boxes of eye drops and return to the medicines room and lock them away in the allocated place.

3.4. Role of the Non-Registered Healthcare Professionals (HCPs) responsible for administering eye drop, as prescribed in line with the relevant specialty PSDs

- To be familiar with all of the topical ophthalmic medication prescribed within the current specialty PSDs that they may be required to administer.

- To be competent and confident to carry out instillation of ophthalmic topical drops having completed the appropriate training and follow prescribing instruction.

- To ensure they report any concerns relating to the administration of the eye drops, to a registered nurse or the responsible clinician, as appropriate.

- To ensure that they carry out the procedure in line with 'Procedure for installation of eye drops by non-registered staff' (see 4.3 in this SOP).

- To ensure they anticipate barriers to communication and establish methods of overcoming these, ensuring patients and significant others are kept fully informed, understand the treatment method, and that consent to treatment is maintained. To ensure that they escalate to a registered nurse any safeguarding concerns identified, so that if required a timely referral to safeguarding services is made.

- To inform their line manager, deputy, or nurse-in-charge, of any concerns related to their competence or confidence to carry out the standards expected in this SOP.

4. Standards and Practice

Ref: Royal college of Ophthalmologists Eye Drops instillation by Unregistered Healthcare professionals for use within NHS ophthalmic services (November 2020) Available at https://www.rcophth.ac.uk.

The administration of the prescribed eye drops is a key requirement for the appropriate assessment and examination of a patient's eye.

It is necessary to administer the eye drops at least 20 minutes prior to the examination to allow for dilation of pupil for examination of posterior segment.

4.1. Documentation standards when administering this treatment

4.1.1. ‘Medisoft’ is the e-system used for patient documentation in the eye unit and in the ophthalmology peripheral hospital clinics.

4.1.2. Documentation will be in line with the RCHT Documentation standards.

4.1.3. The standard for documentation by the non-registered healthcare workers, on the Medisoft system specifically, must detail the following:

- Chronological recording of care/intervention provided by the colleague and the patients response.
- Recording of any issues / problems identified whilst undertaking the task of eye drop administration.
- Recording of any actions taken in response to the issues identified.
- Documentation signed and dated by the staff member.

4.1.4. The standard for documentation is on the PSD clinic form (see Appendix 1):

- Non-registered healthcare worker must check all elements on Medisoft and the PSD form to ensure they are fully completed as per standard expected.
- They must print name / use name stamp and sign on the relevant place on the form, as per the eye drops administered.

4.1.5. At the end of the clinic the non-registered colleague must take the PSD form to the Sister’s Office and place in the designated folder.

4.1.6. The PSD form will be scanned into the specialty shared drive.

4.1.7. These records must be retained for 8 years and then can be disposed of.

4.2. Prescribing of the medication

4.2.1. The responsible clinician will review the clinic list and will then prescribe the eye drops on the respective PSD form (see Appendix 1), for each patient that they require eye drops to be administered to, prior to their clinic assessment by the Ophthalmic doctor.

4.2.2. The medication will also be prescribed by the prescriber on the Medisoft system for traceability.

4.2.3. Eye drops will be administered by non-registered Health care workers in line with the relevant Eye Unit Patient Specific Dissemination and Implementation.

4.3. Procedure for installation of eye drops by non-registered staff

Number	Action	Rational
1	Ensure the registered nurse/registered professional has identified the patients to you that require eye drop installation.	To help ensure the correct patient receives the medication and risks are minimised.
2	Ensure the Responsible clinician has completed the prescription record on the PSD form.	This minimises risk of incorrect medication being administered and ensures the drug is pharmacologically efficacious.
3	Gather any equipment needed including the required medication and PSD form. PPE is not required in general. **(PPE may be required in certain circumstances e.g., Fluid resistant mask for Covid measures. Gloves are required to be worn prior to inspecting the eye or instilling any eye drops, if there is any evidence of eye infection).**	To ensure full concentration of procedure can occur and minimise errors.
4	Check the identity of the patient against the PSD form and Medisoft - complete the 3-point verbal check (Name, Address, DOB).	To confirm correct identity of patient to receive medication and minimise error.
5	Explain the procedure to the patient, including the effects the drops will have and how long they may last and what impact these may have in the short term (i.e., will they be able to drive?). Obtain informed verbal consent.	This allows the patient to make an informed decision, reduces anxiety, gains co-operation and possible long-term compliance with medication. To gain consent in line with RCH Policy for Consent to Treatment and Examination.
6	Check the PSD form yourself ensuring it is: a) Legible, dated and signed. b) States the name and strength of the drop/ointment. c) States which eye the drop/ointment is to be administered. d) States the dose to be administered. e) States the frequency it is to be administered. f) States the time it is to be administered (this will be stat for diagnostic procedures). If any of these are omitted or unreadable refer back to the responsible clinician.	To minimise errors, increase patient safety and to comply with the RCH Policy for the safe administration of medicines.
7	Check the drug has not already been administered.	To protect the patient from harm.

Number	Action	Rational
8	Check the timing of the drug administration.	To ensure correct absorption and bioavailability.
9	Check with the patient if they have any allergies.	To reduce the risk of allergic reactions and to comply with the RCH Policy for the safe administration of medicines.
10	Where appropriate close doors or curtains.	To maintain patients' privacy and dignity.
11	Ensure patient is sat on a chair and comfortable.	For ease of administration.
12	Check single use vial/bottle name against PSD form and expiry date of eye medication.	Vials - single dose only This minimises risk of incorrect medication being administered and ensures the drug is pharmacologically efficacious.
13	Clean hands.	To adhere to RCH Infection Prevention Policies and prevents cross contamination.
15	Inspect the state of the patient's eye prior to eye drop administration. Any new discharge, inflammation or change to the eye appearance should be reported to the registered professional **before** administering any eye drops.	Eye Care may need to be given as discharge/ debris can affect the effect of the medication.
16	Clean hands.	To adhere to RCH Infection Prevention Policies and prevent cross contamination.
17	Drops should be administered before ointments where there are two medications to give.	Failure to administer in this order will result in the drop not being absorbed and patient not receiving their medication (The Royal Marsden Manual).
18	Take lid off bottle/vial /tube.	To prepare.
19	Ask the patient to look up with head tilted back and pull-down lower lid with one hand.	To ensure the lower fornix is exposed for administration of medication.
20	**Eye drops** Hold the bottle/vial above the eye (not too high) and squeeze until correct number of drops instilled. Avoid touching eye with bottle. If the patient is to receive more than one eye	To instil correct medication as prescribed. To assist in absorption. Dropping of medication onto the cornea would result in the blink reflex being stimulated. Dropping from a large height can be

Number	Action	Rational
	drop it is advised to leave 5 minutes between each drop.	uncomfortable for the patient. Touching of the eye with the bottle will result in cross contamination. Washing out (and therefore significantly reduced absorption) of the previous drop will occur if more than one drop instilled. The eye can only cope with a maximum of one drop (The Royal Marsden manual).
21	**Eye ointment** Apply the ointment by gently squeezing the tube and, with the nozzle 2.5 cm above the eye, drawing a line along the inner edge of the lower lid from the nasal corner outwards. Avoid touching eye with bottle.	To instil correct medication as prescribed. To assist in absorption. Touching of the eye with the tube will result in cross contamination.
22	Advise patients to apply gentle punctual pressure for 1minute after instillation.	This prevents/reduces medication flowing into the nasolacrimal system, reduces systemic side effects and encourages drug absorption.
23	Wipe away any excess medication with tissue.	To prevent excess drops/ointment irritating the skin (Royal Marsden Manual).
24	Ensure patient is comfortable following procedure. Advise patients who have had ointment that initial blurring of vision will occur as ointment disperse.	To reduce anxiety and maintain dignity.
	To ensure the patient is fully aware that if patients experience persistent eye irritation after going home (e.g., pain, visual disturbance, redness, swelling, watery eyes), that they should make an appointment to see their GP for an assessment.	To ensure safe care following discharge home.
25	Dispose of tissues/vials in correct manner.	To adhere to RCH Infection Prevention Policies.
26	Clean Hands.	To adhere to RCH Infection Prevention Policies.
27	Record the administration by signing the PSD form Then complete administration record on Medisoft.	To maintain accurate record.
28	If the drug has not been administered for whatever reason this should be documented	To maintain accurate record. To assist in prevention of problems

Number	Action	Rational
	accordingly and the staff nurse/doctor informed.	caused by omission.
29	Store any medication away correctly.	As per RCH policy safe storage of medicines.
30	At the end of the clinic session return PSD form to Sister's Office to designated file ready for scanning.	To ensure accurate governance and safe storage of patient records.

4.4. Storage of medicines in the Clinical Area

Please refer to the RCH Policy: Safe storage of medicines.

4.4.1. Within RCHT stock supply of eye drops must be stored as per manufacturer's instructions. e.g., certain eye drops need to be refrigerated such as, Proxymetacaine and others in a cupboard.

4.4.2. All eye drops that do not require refrigeration storage and are prescribed and administered as part of a PSD are to be stored within the 'Nurse Treatment Room'.

4.4.3. The Nurse treatment room must have punch lock access and the eye drops stored within this room must be within a lockable drugs cupboard.

4.4.4. The Nurse treatment room door and cupboard must remain locked when not being accessed.

4.5. Safe disposal of patient medication

Any opened unused eye drops must be disposed of in an orange clinical waste bag.

5. Dissemination and Implementation

5.1. This policy will be available on the RCHT intranet in the Ophthalmology department shared folder and there will also be a hard copy available to view, within the Ophthalmology Department, located in the Sisters Office.

5.2. The Ophthalmology Departmental Sister/Charge Nurse will be responsible that all nurses and AHP's have been suitably trained before undertaking this task and that they have read and understood this SOP.

5.3. Records of Ophthalmology Staff Competency (read and understood the SOP) will be available within the Ophthalmology Unit.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All of the Policy to be monitored.
Lead	Ophthalmology Departmental Sister.
Tool	Adherence to operating procedure will be monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic.
Frequency	Monitoring will be an ongoing practice within the Department.
Reporting arrangements	Any concerns regarding the ongoing implementation of this SOP should be reported to the Ophthalmology Sister who will investigate and report back to consultants and staff.
Acting on recommendations and Lead(s)	Any recommendations/changes to this SOP will be reported at the Departmental meeting/safety huddle and changes implemented.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate; lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This document will be reviewed no less than every 3 years, but sooner if any amendments to the standard clinical guideline are needed.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Instillation of Eye Drops for Patients Attending Ophthalmic Out-Patient Clinics at RCH or RCH Supported Community Hospital Clinics by Non-Registered Staff Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	12 December 2022
Date Valid From:	April 2023
Date Valid To:	April 2026
Directorate / Department responsible (author/owner):	Karen Bowers, Sister, Ophthalmology Unit, Specialist Services and Surgery.
Contact details:	01872 252244
Brief summary of contents:	Standard operating procedure for safe instillation of eye medication by nurses and allied healthcare professionals (AHPs).
Suggested Keywords:	Instillation, Eye Medication/drops.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Ophthalmology Business and Governance Meetings, Specialist Surgery and Services Care Group Medicines Practice committee
General Manager confirming approval processes:	Roz Davies
Name of Governance Lead confirming approval by specialty and care group management meetings:	Maria Lane

Information Category	Detailed Information
Links to key external standards:	Royal College of Ophthalmologists (RCOphth), Drop Instillation guidance by unregistered Health Care Professionals for use within NHS Ophthalmic Services. (November 2020).
Related Documents:	Please see reference list
Training Need Identified?	Yes
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Ophthalmology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
13/12/2022	V1.0	New Document	Faye Gibson, Head Orthoptist

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Instillation of Eye Drops for Patients Attending Ophthalmic Out-Patient Clinics at RCH or RCH Supported Community Hospital Clinics by Non-Registered Staff Standard Operating Procedure V1.0
Directorate and service area:	Specialist Surgery - Ophthalmology
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Karen Bowers - Sister
Contact details:	01872 252244

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All registered and non-registered staff involved in the instillation for eye drop medication for the purpose of eye examination
2. Policy Objectives	This document is to support standardisation of the treatment process, to ensure best practice and safe effective care for patients requiring eye medication/drop instillation, for examination.
3. Policy Intended Outcomes	Treatment is prescribed safely and in the correct manner. Side effects are assessed and managed appropriately under the supervision of the responsible clinician. Medications selected, instilled and disposed of in the correct manner.

Information Category	Detailed Information
4. How will you measure each outcome?	Observation and review of Medisoft records
5. Who is intended to benefit from the policy?	All Staff and Patients
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Please record specific names of groups: Royal College of Ophthalmologists - Eye drops Instillation by Unregistered HealthCare Professionals for use within NHS Ophthalmic Services (November 2020) Information only
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Karen Bower, Sister

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Patient Specific Directives

Patient Specific Direction for the instillation of Proxymetacaine 0.5% minims, Iopidine 1% eye drop minims, Pilocarpine 2% eye drop minims by non-registered Healthcare Assistants (HCA) and Healthcare Practitioners (HCP)

For Selective Laser Trabeculoplasty (SLT) and Peripheral Iridotomy (PI)

Clinic Date	Authorising Clinician	Doctor/Consultant

The patients listed below are eligible to receive Proxymetacaine 0.5% (if Tonopen used for intra-ocular pressure check).

Iopidine 1% and Pilocarpine 2% eye drops to be given by non-registered HCA and HCPs in preparation for prescribed laser.

Additional directions provided by the prescriber must be adhered to.

Patient name/DOB/CR number	Right Eye	Left Eye	Both Eyes	Proxymetacaine 0.5% (for Tonopen)	Iopidine 1%	Pilocarpine 2%	Prescriber Signature
Patient ID Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient ID Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient ID Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	

Name of Prescriber	
Signature of Prescriber	

Please print from the shared drive location: **CH Shared Folder (S:) Drive, RCH Specialist Surgery, Specialist Surgery - Ward Unit Leaders, Instillation of Eye Drop.** Once completed the form must be filed in in Sisters Office to kept for the required period of time as stipulated by Pharmacy.

Patient Specific Direction for the instillation of Tropicamide 1% eye drop minims, Phenylephrine 2.5% and Proxymetacaine 0.5% eye drop minims by non-registered Healthcare Assistants (HCA) and Healthcare Practitioners (HCP)

For Macular, Diabetic Screening, Retinal examination, HCQ clinics and ARGON laser treatment

Clinic Date	Authorising Clinician	Doctor/Consultant

The patients listed below are eligible to receive Proxymetacaine 0.5% (if Tonopen used for intra-ocular pressure check).

Tropicamide 1%, Phenylephrine 2.5% by non-registered Healthcare Assistants and Healthcare Practitioners for fundal view

Additional directions provided by the prescriber must be adhered to.

Patient name/DOB/CR number	Right Eye	Left Eye	Both Eyes	Proxymetacaine 0.5% (for Tonopen)	Iopidine 1%	Pilocarpine 2%	Prescriber Signature
Patient ID Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient ID Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient ID Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	

Name of Prescriber	
Signature of Prescriber	

Please print from the shared drive location: **CH Shared Folder (S:) Drive, RCH Specialist Surgery, Specialist Surgery - Ward Unit Leaders, Instillation of Eye Drop.** Once completed the form must be filed in in Sisters Office to kept for the required period of time as stipulated by Pharmacy.

Patient Specific Direction for the instillation of Tropicamide 1% eye drop minims and Iopidine 1% eye drop minims by non-registered Healthcare Assistants (HCA) and Healthcare Practitioners (HCP)

For YAG Capsulotomy laser treatment

Clinic Date	Authorising Clinician	Doctor/Consultant

The patients listed below are eligible to receive Tropicamide 1% and Iopidine 1% eye drops to be given by HCA and HCPs in preparation for prescribed Laser Treatment.

Additional directions provided by the prescriber must be adhered to.

Patient name/DOB/CR Number	Right Eye	Left Eye	Both Eyes	Tropicamide 1%	Iopidine 1%	Prescriber Signature
Patient Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	
Patient Label				Signature and stamp of administering HCA/HCP	Signature and stamp of administering HCA/HCP	

Name of Prescriber	
Signature of Prescriber	

Please print from the shared drive location: **CH Shared Folder (S:) Drive, RCH Specialist Surgery, Specialist Surgery - Ward Unit Leaders, Instillation of Eye Drop.** Once completed the form must be filed in in Sisters Office to kept for the required period of time as stipulated by Pharmacy.