

Policy for Administering of Eye Medication to Children by Registered Nurses within Eye Casualty, Musculoskeletal and Specialist Surgery Clinical Management Group

Approved By:	Policy and Guideline Committee
Date Approved:	19 January 2024
Trust Reference:	B1/2024
Version:	1
Supersedes:	N/A
Author / Originator(s):	Trainee ACP: Valentina Cernica Consultant: Ian DeSilva Matron: Blessy John
Name of Responsible Committee/Individual:	Julie Hogg, Chief Nurse
Latest Approval Date	19 January 2024
Next Review Date:	January 2026

CONTENTS

Section		Page
1	Introduction	3
2	Policy Aims	3
3	Policy Scope	4
4	Definitions	4
5	Roles and Responsibilities	4
6	Policy Statements, Standards, Procedures, Processes	5
7	Education and Training	5
8	Process for Monitoring Compliance	6
9	Equality Impact Assessment	7
10	Supporting References, Evidence Base and Related Policies	7
11	Process for Version Control, Document Archiving and Review	7

Appendices		Page
	Appendix 1. Procedure For Administering Of Prescribed Eye Medication By Registered Nurses Within Eye Casualty, Musculoskeletal and Specialist Surgery CMG	8

V1

KEY WORDS

Instillation of eye medication

Eye Casualty

Eye drops

Eye ointment

1 INTRODUCTION

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for administering of eye medication to children by registered nurses working within the Eye Casualty Department. The Eye Casualty department is based in Musculoskeletal and Specialist Surgery(MSS) Clinical Management Group(CMG). Also, it is applicable to registered professionals working within UHL Eye Casualty clinics.

1.2 Eye Casualty flow

Administering prescribed medication to children is normally undertaken by a registered children' nurse or a doctor. The Eye Casualty department does not have dual trained or registered children' nurses. Therefore, only the doctors or allied health professionals (e.g. orthoptics, optometrists, ACPs) are administering eye drops to children.

1.2.1 Having registered nurses working within the Eye Casualty Department and clinics, trained in administering eye medication to children will enhance the patient journey for children and improve the service (shorter waiting time, improved patient experience).

1.2.2 **Section 13** of the **Leicestershire Medicine Code for Adult nurses** states that it is safe to administer eye drops to children in a non-paediatric area following administration training.

'Registered Adult, General, Learning Disability or Mental Health Nurse or Midwife – who work regularly in a non-paediatric setting where under 16's may be treated and has undertaken and passed local neonatal/paediatric medication administration training'

([INsite - Leicestershire Medicines Code \(xuhl-tr.nhs.uk\)](http://xuhl-tr.nhs.uk)).

2 POLICY AIMS

2.1 The intention of this policy is to standardise practice with regards to administering of eye medication to children, **age 4-18 years old**, by registered nurses within the Eye Casualty Department/clinics of the MSS CMG

The aim is to:

- a) Ensure consistency in practice, by adopting a competency package for the installation of eye drops, incorporating the Leicestershire Clinical Assessment Tool (LCAT). All existing and new staff (as outlined in 3.1 & 3.2) will complete the competency package.
- b) Ensure patient safety through standardised practice.

2.2 This policy applies to all staff outlined in 3.1 and 3.2.

3 POLICY SCOPE

- 3.1 This policy applies to registered nurses working within the Eye Casualty Department and Eye Casualty clinics.
- 3.2 The registered staff covered by this policy refers to adult registered nurses, working within Eye Casualty and the Eye Casualty Clinics, who have undertaken and successfully completed the training package and LCAT assessment as they are deemed competent within the meaning of **S13 of the Leicestershire Medicines Code (LMC)**.

4 DEFINITIONS

- 4.1 Registered staff in this document relate to those covered in 3.2.
- 4.2 The words **eye medication** relate to **drops and ointment only**.

5 ROLES AND RESPONSIBILITIES

5.1 Executive Lead

The Executive Lead for the policy is the Chief Nurse.

5.2 Authorised staff- instilling

- 5.2.1 All staff who undertakes this role must have been authorised to do so by their line manager.
- 5.2.2 All authorised staff must have undertaken appropriate education and training (see 7.1 and 7.2) within 2-3 months of working within the department.
- 5.2.3 Registered nurses should undertake refresher sessions every year if a training need has been identified.

5.3 Line managers/ ward managers/matrons

- 5.3.1 Must ensure that authorised staff receives the appropriate training, supervised practice and assessment of competence in the installation of eye medication.
- 5.3.2 Copies of individual's competence must be retained on the staff member's individual personal file and a copy sent to the Education team for uploading onto **HELM**.

5.4 CMG Management Team /Head of Service/ Lead Nurse/Education Lead.

- 5.4.1 Must ensure that all staff has access to appropriate education and training to become competent to instill eye medication to children. Liaison with those identified in 5.3 is key to this.

5.5 Education team

5.5.1 Will ensure staff members **HELM** accounts are updated on receipt of copy of competency (new or triennial reassessment) from line manager.

5.5.2 Will provide advice and support as requested.

6 POLICY STATEMENTS, STANDARDS*, PROCESSES*, PROCEDURES*

6.1 A competency package has been developed to assist in the training and assessment of registered nurses in relation to administering of eye medication to children. It is available from the Education Team, Eye Casualty lead or Ophthalmology Sister.

6.2 The procedure for the instillation of prescribed eye medication by registered nurses within Eye Casualty is set out in Appendix one.

This policy is supported by the following procedure found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure / Process / Standard	Appendix
Procedure for the administering of eye medication to children by registered nurses within MSS	1

7 EDUCATION AND TRAINING REQUIREMENTS

7.1 Registered nurses wishing to develop their practice must have been identified and supported by their line manager for an extension to their role. Once this is identified, training should be assigned and recorded. In return, this will improve the care we deliver for children and help department to flourish.

7.2 All staff who undertakes administering of eye medications must:

- a) Have completed and stay in date with Mental Capacity, Basic Consent and Deprivation of Liberty e-learning and Adult Safeguarding e-learning, including level 3. Attending basic children training once a year provided by the paediatric development team.
- b) Complete the competency package for the *Administering of eye medication to children by registered nurses*. This package is held by the Eye Casualty team, Ophthalmology Sister and Education Team. Time span for completion of this package will need to be agreed by the assessor but ideally to be completed within 1-2 months.
- c) Have a refresher session if training need is identified.

7.3 Registered nurses who will be assessing the knowledge and competencies of others in administering of eye medications to children must:

- a) Be a registered nurse, with robust knowledge of ophthalmic medication.
- b) Be confident and competent in performing the skill and practice regularly.
- c) Have sound knowledge of this policy and competency package.
- d) Ideally be identified by the line manager as an LCAT assessor and have completed or working towards a relevant mentor/assessor course.

7.4 Any queries with regards to the competency package must be directed to the Education Team, Eye Casualty Team or ophthalmic Sister.

8 PROCESS FOR MONITORING COMPLIANCE

- 8.1 All staff record will be in individuals file and on **HELM**.
- 8.2 Compliance with policy will also be monitored by the quality and safety team through incidents and complaints.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Competent administering eye medication	Line manager	LCAT assessment	quarterly	Information held on individual files	Ophthalmology Board Meeting	Ophthalmology Board Meeting
Drug errors by registered nurses	Line manager	Audit datix reports	quarterly	Ophthalmology Board Meeting	Ophthalmology Board Meeting	Ophthalmology Board Meeting

9 EQUALITY IMPACT ASSESSMENT

- 9.1 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Leicestershire Medicines Code: [Medicines Code - Leicester, Leicestershire and Rutland Area Prescribing Committee \(lmsg.nhs.uk\)](https://www.lmsg.nhs.uk).

Marsden, J. ed., 2008. An evidence base for ophthalmic nursing practice. John Wiley & Sons.

Marsden, J. ed., 2017. Ophthalmic care. M&K Update Ltd.

Shaw, M.E. and Marsden, J., 2016. Care of the Child with Ophthalmic Problems. M&K Update Ltd.

Royal Marsden Manual 10th Ed (2020)

UHL Infection Control Policies (available via Insite Documents)

11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 11.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 11.2 This document will be initially reviewed after 2 years, or sooner in response to reported risks or incidences.

Procedure for Administering of Eye Medication to children by Registered Nurses Within Eye Casualty, Musculoskeletal and Specialist Surgery CMG



University Hospitals of Leicester
NHS Trust

**Appendix 1
Instillation of Eye Medication to Children by Registered Nurses Within Musculoskeletal and Specialist Surgery CMG**

1. Introduction

1.1 This procedure sets out the process by which registered nurses (as outlined in the policy scope) can instil eye medication for children.

2. Scope

2.1 This procedure applies to registered nurses working within the Eye Casualty Department and any designated Eye Casualty clinics. The Eye Casualty department is based in Musculoskeletal and Specialist Surgery CMG. It is applicable to registered professionals working within UHL Eye Casualty clinics.

3. Recommendations, Standards and Procedural Statements

Procedure for administering of eye medication to children by registered professionals.

Eye drops to be instilled are the following: Oxybuprocaine 0.4%, Proxymetecaine 0.5%, Tropicamide 1%, Fluorescein 2%, Cyclopentolate 0.5% & 1%, Saline 0.9%(minims)

Action		Rationale
1	Ensure the registered nurse/registered professional has identified the child to you that they wish the drops to be given	To help ensure the correct patient receives the medication and risks are minimised
2	Ensure the registered nurse/registered professional has checked the name of drop/ointment against the prescription and expiry date of drop/ointment in inpatient and day case areas.	This minimises risk of incorrect medication being administered and ensures the drug is pharmacologically efficacious.
3	Gather any equipment not at bedside/area, including medication, prescription and tissues.	To ensure full concentration of procedure can occur and minimise errors.
4	Check the identity of the patient against the prescription chart. - In ward areas verbal and wristband 3 point check (S. Number, Name and DOB) In OPD areas 3 point verbal check (Name, Address, DOB)	To confirm correct identity of patient to receive medication and minimise error.
5	Check the eye drops against Eye Casualty sheet and EMed 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	To minimize errors, increase patient safety and to comply with the LMC: Medicines Code - Leicester, Leicestershire and Rutland Area Prescribing Committee (lmsg.nhs.uk)

Action		Rationale
	for diagnostic procedures) If any of these are omitted or unreadable refer back to the clinician.	
6	Check the drug has not already been administered.	To protect the patient from harm
7	Explain the procedure to the child and his/her legal guardian, including the effects the drops will have and how long they may last; what impact these may have in the short term (e.g. will they be able to see properly?). Obtain informed verbal consent.	This allows the patient and carers to make an informed decision, reduces anxiety, gains co-operation and possible long term compliance with medication. To gain consent in line with the <i>UHL Policy for Consent to Treatment and Examination</i> .
8	Check the timing of the drug administration.	To ensure correct absorption and bioavailability.
9	Check with the patient and/or carers if they have any allergies, checking drug chart and wristband too.	To reduce the risk of allergic reactions and to comply with the Medicines Code - Leicester, Leicestershire and Rutland Area Prescribing Committee (lmsg.nhs.uk)
10	Where appropriate close doors or curtains.	To maintain patients privacy and dignity.
11	Ensure patient is sat on a chair together with the legal guardian if requested or sat in bed/trolley together with the legal guardians alongside.	For ease of administration.
12	Check single use vial/bottle name chart and expiry date of eye medication.	Vials- single dose only. Preserved multi-dose bottles have a 14 day expiry . Unpreserved multi-dose bottles have a 7 day expiry. This is in line with the <i>UHL Pharmacy SOP on ophthalmic preparations (2003)</i> . This minimises risk of incorrect medication being administered and ensures the drug is pharmacologically efficacious.
13	Clean hands with hand sanitiser.	To adhere to UHL Infection Prevention Policies and prevent cross contamination.
14	Ensure good light source surrounding patient – do not shine light into patient's eye.	For ease during checking the eye and administering medication
15	Check the state of the patient's eye prior to administration. Any new discharge, inflammation or change to the eye appearance should be reported to the registered prescriber. (eg. Doctor)	Eye Care may need to be given as discharge/ debris can affect the effect of the medication.
16	Clean hands with hand sanitiser.	To adhere to UHL 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 (Marsden, 2008; Marsden,2017; Royal Marsden Manual 10th Edition, 2020)
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 (where possible); The registered nurse will then initiate the process, attempting two times. If the child is non-compliant then regain consent and action appropriately. If the legal guardian or the child (where applicable) denies consent after the second attempt then please refer to the clinician.	To ensure the lower fornix is exposed for administration of medication.
20	Eye drops Hold the bottle/vial above the eye (not too	To instil correct medication as prescribed. To assist in absorption. Dropping of medication onto the cornea would

Action		Rationale
	high) and squeeze until correct number of drops instilled. Avoid touching eye with bottle. If the patient is to receive more than one eye drop it is advised to leave 5 minutes between each drop	result in the blink reflex being stimulated. Dropping from a large height can be 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 (Marsden, 2008; Marsden, 2017).
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 instill correct medication as prescribed .To assist in absorption. Touching of the eye with the tube will result in cross contamination
22	Advise children to apply gentle punctual pressure for 1minute after instillation (where applicable and possible).	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 (<i>Royal Marsden Manual 10th Edition, 2020</i>)
24	Ensure child is comfortable following procedure. Advise children who have had ointment that initial blurring of vision will occur as ointment disperses.	To reduce anxiety and maintain dignity.
25	Dispose of tissues/vials in correct manner	To adhere to UHL Infection Prevention Policies
26	Clean Hands with hand sanitiser	To adhere to UHL Infection Prevention Policies
27	Record the administration by signing the prescription	To maintain accurate records
28	If the drug has not been administered for whatever reason this should be documented accordingly and the staff doctor informed.	To maintain accurate records. To assist in prevention of problems caused by omission.
29	Store any medication away correctly.	As per <i>Leicestershire Medicines Code(LMC)</i> : Medicines Code - Leicester, Leicestershire and Rutland Area Prescribing Committee (lmsg.nhs.uk) Medicines Code - Leicester, Leicestershire and Rutland Area Prescribing Committee (lmsg.nhs.uk)

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:	Valentina Cernica Mr Ian De Silva Blessy John		Job Title: trainee Advanced Clinical Practitioner Eye Casualty Consultant Lead Matron
Reviewed by:			
Approved by:	Approved at the Ophthalmology Business Meeting	Date Approved:	
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
DISTRIBUTION RECORD:			
Date	Name	Dept	Received

