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| **Eye Drops or Ointment** **Skills Checklist**  | **Date Skill Verbalized / Demonstrated** |
| 1. Follow the Six Rights of Medication Administration: **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation. Know which eye is to be treated. Initials may be used to specify the eye that requires treatment, O.D. = right eye; O.S. = left eye; O.U. = both eyes.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Wash hands.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Put on gloves.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Stabilize the head by having the student tilt their head back or have them lie down.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have the student look upward.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Gently pull the lower lid away from the eye to form a “pocket.”
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Place drop(s) into pocket area allowing the drop(s) to fall into the pocket. Do not place medicine directly on the eye itself. **Make sure the bottle tip does not touch the eye or eyelid**.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. If an ointment is used, apply a thin strip into the “pocket” without touching the eye or eyelid.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have the student close their eye(s) for a few moments.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Dab away excess with tissue.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Remove gloves and wash hands.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Document on the Medication Request Form/ Record-Log that you have administered the medication.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Replace medication in locked storage area.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Observe the student for any medication reaction as appropriate.
 | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer eye medication as outlined above during

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

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***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of eye medication.

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***Registered Nurse signature Date***