



CLINICAL GUIDELINE

Eye Care Procedures in the Community

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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This policy will apply equally to full- and part-time employees. All NHSGG&C policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals of different nationalities who require them.

1. Introduction

Eye care is the practice of assessing, cleaning or irrigating the eye and/or the instillation of prescribed ocular preparations. Topical eye treatments, including eye drops and ointments are governed by the same controls as medication administered by other routes.

2. Indications

Eye care may be necessary under the following circumstances:

- Prevent or treat infection
- Prevent or treat injury to the eye
- Care for eye prostheses
- Care following surgical interventions or treatments

3. Scope

This guideline applies to all nurses working within Community Nursing Services in NHSGG&C who are required to undertake eye care as described above in accordance with local and national policies. This document provides guidance for Community Healthcare and Treatment Room Staff who provide eye care in the home or in the health centre. It covers cleansing of the eye, instillation of eye drops/ointments, care of eye prostheses, eye irrigation for adults. It does not cover eye care for children under the age of 16 (although it is accepted that, following appropriate assessment and GP referral, patients under the age of 16 with specific eye related conditions might meet criteria for eye care as indicated in this document).

This guideline should be read in conjunction with the Dry Eye Management in Clinical Care Clinical Guideline (2017)

4. Professional Accountability

As a registered practitioner you are accountable for your actions and omissions and must always be able to justify your decision-making. It is the responsibility of each practitioner to ensure competency in eye care. Patient education and professional execution of procedures must be carried out in accordance with the Nursing and Midwifery Council (NMC). Information relating to professional accountability and procedural responsibilities are included below. Each of these documents has contributed to this guidance:

- Nursing and Midwifery Council (2015) The NMC Code: Professional Standards of Practice and Behaviours for Nurses and Midwives
- NHS Greater Glasgow Primary Care NHS Division (2005) Eye Care Protocol and Procedure
- Nursing and Midwifery Council (2009) Record Keeping. Guidance for Nurses and Midwives
- NHS Greater Glasgow and Clyde (2015) Professionals Standards for Record Keeping Policy
- NHSGG&C Prevention and Control of Infection Clinical Waste Policy

- Nursing Midwifery Council (NMC) (2010) Standards for Medicines Management: Section 4

Where appropriate, reference should be made to the specific information contained within these documents.

5. Criteria

Patients with acute and chronic conditions, living in the community (aged 16 years or over) requiring support with eye care, and/or instillation of eye medication. Patients should be assessed by a GP or suitably trained practitioner and thereafter provided with treatment which may include education, instillation of eye drops/ointment or care following surgical intervention. Referral to specialist services such as Ophthalmology may be required. Pre- and post-operative interventions including eye cleansing, training on instillation of eye drops/ointment etc must also be considered. Where possible patient information leaflets should also be considered.

Any changes to the patient's assessment, treatment or condition should be clearly documented and communicated to all those involved in the care of that individual.

6. Roles and Responsibilities

Responsibility for the overall management of procedures associated with eye care (including delegated tasks) lies with the Registered Nurse either within the patient's home environment or a clinical environment such as the Treatment Room. The Nurse must ensure that they are competent in the following before undertaking any eye care associated procedure:

Understand and Interpret:

- Anatomy and physiology of the eye
- Infection control principles
- Identify signs and symptoms of complications
- Awareness of anaphylaxis/emergency response
- Record keeping and reporting procedures
- Storage of medicines
- Training in eye care and instillation of medication
- Training in CPR technique

Knowledge of:

- Correct use of eye care treatments
- Correct use of eye care equipment
- Procedures for eye care and eye care treatments
- Indications and contraindications for eye care and eye care treatments
- NHSGG&C Standard Operating Procedures for Cleaning of Near Patient Equipment Disposal of clinical waste as per NHSGG&C Prevention and Control of Infection
- Eye Examination and criteria for GP referral/intervention
- Patient information about instillation of eye drops and ointments
- Patient information about pre- and post-surgical eye care
- Comply with the Recording Keeping requirements (NMC Code)
- Decontamination of equipment and safe disposal of biological materials

Registered Nurses are accountable for the supervision of delegated healthcare tasks. This involves ensuring:

- Completion of the appropriate risk assessment
- Undertaking of relevant training (e.g. face-to-face, classroom, online)
- Successful completion and sign off of competency framework

Health Care Support Workers must only undertake eye care once they have received appropriate training, demonstrated competency, supervision and delegation by a Registered Nurse. A risk assessment must be completed for Health Care Support Workers prior to carrying out delegated tasks.

Management of tasks and procedures associated with eye care can often be undertaken by the patients themselves following advice, training and support. Patient self-management and a move toward increased independence should be encouraged so where possible eye care should be considered an opportunity for self care.

7. Documentation – Care Planning

Care plans must reflect the identified needs and outcomes of the patients and follow Standard Operating Procedures where these exist. Care plans should be person-centred and identify the elements of care required of any treatment, including the procedural elements listed above.

It is essential that care plans are accessed by those about to provide eye care to ensure safety, consistency and patient centred care. As a person's needs/requirements change, the care plan should reflect these changes.

Opportunities for self-care should also be explored. Devices are available to assist individuals to administer their own eye drops. In some cases carers can be trained to manage eye care. Leaflets should be made available for patients and their carers to assist them in self-management.

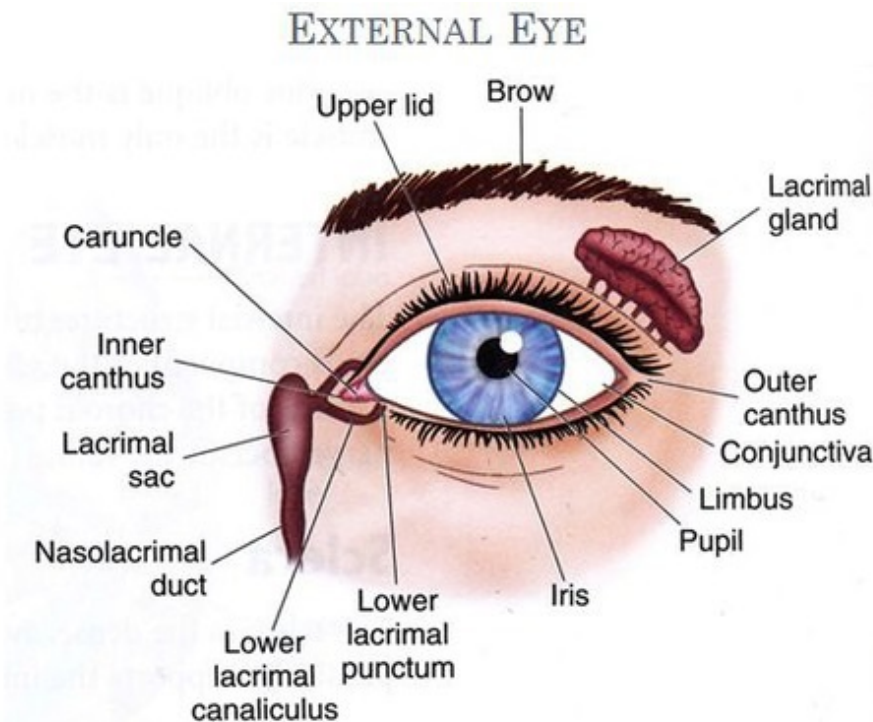
8. Training & Competency Requirements of Registered Nurses undertaking Eye Care

Requirement	Methods of Meeting Requirement
Registered Nurses must be appropriately trained in performing eye care interventions. Competency must be sustained and evidenced	Local Protocols
	Training Opportunities
	Certificates / Records of Achievement following appropriate training / observation

9. Scheduled Visits/Appointments to Undertake Eye Care

All patients requiring eye care will have a visit scheduled on CNIS or (if mobile) will receive an appointment to attend their local Treatment Room. If the patient has capacity and the ability to be self-caring in relation to eye care, support and information should be provided to ensure they are able to successfully manage every aspect of eye care.

10. Glossary of Terms and Anatomy of Eye and Socket



	Ocular	Relating to the eye
	Lower Fornix	Just inside the lower lid
	Nasal Canthus	The angle formed by the junction of the upper and lower eyelids, on the nasal side

11. Procedure for Cleansing the Eye

This is produced as a guideline to facilitate good clinical practice. It represents recognised methods and techniques of clinical practice based upon published evidence. Health professionals should understand the rational and potential complications of each intervention. Standard Infection Control precautions as per NHSGG&C guidelines should be adhered to. Informed consent should be adhered to in line with NHSGG&C policy.

Rationale:

Eye cleansing (as opposed to eye irrigation) is useful to:

- remove any debris that may have accumulated on the lashes
- maintain patient comfort

Ocular medications are most commonly delivered in the form of topical drops or ointments to prevent or treat infections or inflammation. Cleansing of the eye is often required before administration of ocular medications. The following section lists the equipment and describes the procedure for cleansing of the eye. **The contents of this section should be applied to the other sections describing instillation of eye drops, ointment and removal or insertion of prosthesis.**

Equipment for Cleaning the Eye:

If cleansing both eyes, each should be treated separately, to prevent cross contamination, using a separate swab for each eye. Always treat the uninfected or uninflamed eye first.

Equipment Requirements for Cleansing the Eye
Eye Care Pack (only where indicated)
Non-woven cotton wool balls or non-sterile gauze swabs
Gallipot
Normal Saline (Sodium Chloride 0.9% sachets) or cooled boiled water
Tissues
Non-sterile gloves (non-touch technique)
Single use disposable apron
Disposal bag for soiled items
Good light source
Access to relevant patient's records

	Procedure	Rationale
1	Confirm patient's identity by asking for full name and date of birth or confirm identity with family/carer. In case of capacity issues, follow NHS GG&C policy	Ensure positive identification of patient
2	Explain the procedure to the patient to ensure they understand what is involved and gain informed verbal consent	Allows patient to make an informed decision and gains their cooperation
3	Collect and check all equipment	To prevent delays and facilitate full concentration with the procedure
4	Patient to be encouraged to sit/lie with head well supported in a position they find comfortable	To facilitate ease and accuracy of procedure
5	Ensure light source is adequate	To facilitate ease and accuracy of procedure
6	Decontaminate hands prior to the procedure. If using alcohol hand gel, ensure hands are dry before commencing the procedure	To prevent irritation and reduce the risk of infection and transfer of transient organisms
7	Apply gloves and single-use disposable apron	To protect clothing or uniform from contamination and potential transfer of microorganisms
8	Clean the eyelids if necessary to remove discharge or crusting. In the case of crusting, the eyelids can be cleaned by employing a gentle scrubbing motion using a moistened	

	<p>non-woven cotton wool ball or gauze swab. Alternatively a moistened non-woven cotton wool ball or gauze swab can be placed over the closed eye and gently massaged until all debris is removed. This is particularly useful in the case of blepharitis.</p> <p>In general, there are two recognised options for cleansing the eyes:</p> <p>Option 1 - Bathing the eyes with the lids closed</p> <ul style="list-style-type: none"> • Moisten a non-woven cotton wool ball or gauze swab using relevant cleansing solution, squeezing excess liquid out. • Ask the patient to look down and swab the upper eyelid from the nasal corner outwards. • Repeat this as necessary using a clean swab each time <p>Option 2 - Bathing with eyes open</p> <p>Begin with the upper lid</p> <p>Upper Lid</p> <ul style="list-style-type: none"> • Moisten a non-woven cotton wool ball or gauze swab using relevant cleansing solution, squeezing excess liquid out • Ask the patient to look down and swab the upper eyelid from the nasal corner outwards • Repeat as necessary using a new swab each time until discharge/debris has been removed <p>Lower Lid</p> <ul style="list-style-type: none"> • Moisten a non-woven cotton wool ball or gauze swab using relevant cleansing solution, squeezing excess liquid out. • Ask the patient to look up and swab the lower eyelid from the nasal corner outwards • Repeat as necessary using a new swab each time until discharge/debris has been removed 	<p>Reduces the risk of damaging the cornea</p> <p>The action of the patient looking up or down helps you to avoid touching the cornea inadvertently</p> <p>Reduces the risk of swabbing discharge into the lachrymal ducts or into the other eye</p> <p>Reduces the risk of cross infection</p> <p>To prevent cross infection</p> <p>Reduces the risk of swabbing discharge into the lachrymal ducts or into the other eye</p>
9	Clean any equipment used and dispose of non-woven cotton wool balls, gauze	To prevent cross infection and environmental contamination

	swabs and any other disposable equipment as per policy	
10	On completion of procedure remove and dispose of Personal Protective Equipment (PPE) to comply with Waste Management Policy	To prevent cross infection and environmental contamination
11	Decontaminate hands following removal of PPE	To remove any accumulation of transient and resident skin flora that may have built up under the glove and possible contamination following removal of PPE
12	If signs of infection or inflammation are noted, inform General Practitioner	Medical treatment may be required
13	Ensure patient is comfortable following procedure	Maintain privacy and dignity
14	Document procedure and all actions, including observations in patient's notes/nursing record	To monitor trends and fluctuations. Ensure compliance with Record Keeping Policy

12. Procedure for the Instillation of Eye Drops/Eye Ointments

In order to undertake any ocular treatment, the nurse requires knowledge of the anatomy of the eye, the eyelids and the eyelashes. This is a clean procedure. Where both eyes may require treatment, each eye must be treated separately. If infection is present, there should be two containers of medication: one for each eye labelled **Left** and **Right** to prevent cross contamination. If there is only one, the least affected eye should be treated first to minimise the likelihood of transfer of infection from one eye to the other. **If more than one eye preparation is to be inserted into the eye, there needs to be an interval of at least 5 minutes between the two preparations (BNF March 2017).**

For the purposes of explaining procedures for instilling eye drops or eye ointment this Clinical Guideline will consider both in the following section:

Equipment Required for Instilling Eye Drops or Eye Ointment:

If clean, intra-ocular medication can be administered. However if the eye requires to be cleansed prior to the procedure, follow the Equipment and Procedure above for cleansing the eye. PPE should be worn for all eye care procedures outlined in this guideline. These are listed within the section outlining cleansing of the eye and are therefore not repeated in describing the procedures below.

Equipment Requirements for Instilling Eye Drops/Ointment	
	Prescribed eye drops/ointment
	Patient Direction to Administer Chart or equivalent

	Procedure	Rationale
1	Explain the benefits to the patient and that there may be potential side effects	Gain informed consent and reduce the risk of accidents/

	such as blurred vision and difficulty in focusing	falls.
2	Check that patient has not already received eye drops/ointment by asking the patient and checking patient's notes	To prevent patient receiving eye preparation twice and prevent potential harm
3	<p>Check the Patient's Direction to Administer Chart or Prescription for the following:</p> <ul style="list-style-type: none"> • Drug, dose and type of medication (drops or ointment) • Date and time of administration • Patient name • Which eye the medication is prescribed for (right, left or both) • Clearly written instructions to administer e.g. Direction to Administer Chart, with unambiguous directions and signature of prescriber • Check there are no contraindications, such as allergies to the medicine 	<p>To minimise the potential for drug errors</p> <p>Clear instructions for the administration of medication is essential – report any detected errors to Line Manager and complete Datix</p>
4	<p>For Medication, check:</p> <ul style="list-style-type: none"> • Manufacturer's expiry date of medication/s • Once opened, eye products usually must be discarded after 28 days - refer to manufacturer's instructions for details or pharmacy label • Document on label, the date of opening • Discard expired medication • Check pharmacy label on product matches the Direction to Administer/prescription 	<p>Medication outside its expiry date is no longer pharmacologically efficacious and may cause harm if administered</p> <p>Once opened, there is a potential for contamination</p>
5	<ul style="list-style-type: none"> • Assess the patient's eye for any signs of infection or allergic reaction • Confirm patient has no allergies to any of the ingredients in the prescribed eye products. • In the case of an allergic reaction, the nurse should not proceed with the administration of eye drops or ointment. Medical staff should be notified immediately and findings should be documented in the patient's record 	Reduce risk of infection and allergic reactions
6	Patient to be encouraged to sit/lie with	For ease and accuracy of

	head tilted backwards and well supported	administration
7	<p>Eye Drops</p> <ul style="list-style-type: none"> • Gently shake the eye drop bottle • Remove the cap and place on a clean surface • Ask the patient to look up and carefully pull the skin below the lower lid of the affected eye using a clean tissue to make a pocket (fornix) and expose the conjunctival sac • Instil the prescribed number of eye drops. If the patient blinks or closes their eyes, repeat the procedure • Ensure the tip of the eye drop bottle does not come into contact with the patient's eye or eyelids • Release the eyelid • Ask the patient to close their eye for ideally for one minute (where possible) • Wipe any excess eye drops, avoiding the eyelid margin • Explain to the patient that they may have blurred vision for a short time following administration of medication • Record the administration of the eye medication in the patient's notes <p>Alternative Method for Instilling Eye Drops Closed Eye</p> <ul style="list-style-type: none"> • Ask the patient to lie down and instil one eye drop at a time into the nasal corner of the eye • Encourage patient to open the eye and the eye drop should flow into the eye <p>Eye Ointment</p> <ul style="list-style-type: none"> • Ensure the eyelid is cleansed as above • Remove the cap and place on a clean surface • Ask the patient to look up and carefully pull the skin below the 	<p>This mixes the contents and ensures even distribution of the active drug</p> <p>To avoid contamination of the medicine or damage to the cornea</p> <p>The action of the patient looking up or down helps you avoid touching the cornea with the swab inadvertently</p> <p>To avoid contamination of the medicine or damage to the cornea</p> <p>For use only with patients who have difficulty tolerating eye drops directly to the socket below the eye To ensure adequate drug absorption</p>

	<p>lower lid of the affected eye using a clean tissue to make a pocket (fornix) and expose the conjunctival sac</p> <ul style="list-style-type: none"> • Apply a thin stream of ointment, approximately 1 - 2cm in length along the lower eyelid margin on the inner conjunctiva from nasal corner outwards. • Ensure the tip of the eye ointment tube does not come into contact with the patient's eye or eyelids • Release the eyelid • Ask the patient to close their eye for ideally one minute • Wipe off any excess ointment medication avoiding the eyelid margin to avoid wiping away the medication from the eye • Repeat as above if both eyes require treatment with ointment • Explain to the patient that they may have blurred vision for a considerable length of time following administration of medication 	
8	Ensure patient is comfortable following procedure	Maintain privacy and dignity
9	If signs of infection or inflammation are noted, inform General Practitioner	Medical treatment may be required
10	<p>Document all actions in Patient's Record including the following:</p> <ul style="list-style-type: none"> • Consent • Date • Time • Dose • Medication • Administration site • Expiry Date • Batch Number • Patient perceptions following care 	Ensure compliance with NHSGG&C Record Keeping Policy
11	<p>Print, sign and note designation of staff member for all entries made</p> <p>If medication NOT given, document and explain reasoning</p>	<p>Ensure compliance with NHSGG&C Record Keeping Policy</p> <p>If medication is not given, the rationale must be recorded for effective communication regarding the patient's care</p>

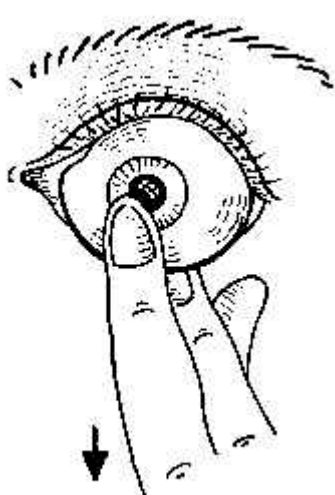
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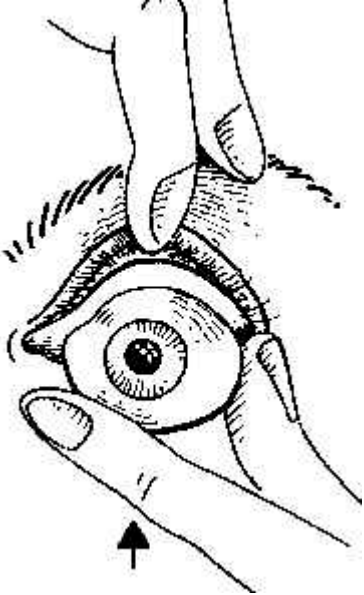
13. Procedure for the Care of an Ocular Prosthesis

If the eye socket and/or prosthesis requires to be cleansed prior to the procedure, follow the Equipment and Procedure above for cleansing the eye. PPE should be worn for all eye care procedures outlined in this guideline. These are listed within the section outlining cleansing of the eye and are therefore not repeated in describing the procedures below.

Equipment:

Equipment Requirements for Care of an Ocular Prosthesis	
	Appropriate receptacle
	Intra-ocular prosthesis
	Mirror

	Procedure	Rationale
1	Patient to be encouraged to sit/lie with head well supported in a position they find comfortable	For facilitate ease and accuracy of procedure
2	<p>Removal of Prosthesis Wearing gloves, and with the dominant hand, gently pull the lower eyelid down to below the lower edge of the prosthesis and exert slight pressure below the lower eyelid to overcome the suction</p> 	Enabling the safe removal of the prosthesis
3	If mucous discharge is present, follow Procedure for cleansing the eye	Promotes patient comfort and reduce risk of infection
4	If signs of infection or inflammation are noted, inform General Practitioner and follow advice	Medical treatment maybe required Follow up referral to

		determine outcome if required
5	<p>Insertion of Prosthesis</p> <ul style="list-style-type: none"> • Hold the prosthesis between the thumb and index finger the correct way round with the narrow end towards the nose  <ul style="list-style-type: none"> • With the other hand, lift the upper eyelid • Insert the upper part of the prosthesis gently under the upper eyelid and into the socket • Gently lower the upper lid down on the prosthesis and hold in place • Pull down the lower eyelid to allow the inferior aspect of the prosthesis to slide behind the lower lid 	<p>To ensure correct insertion and reduce the risk of trauma</p> <p>To improve access to the eye socket</p> <p>To ensure correct insertion</p> <p>To prevent the prosthesis falling out</p>
6	Patient to use mirror to ensure correct positioning of the prosthetic eye	To facilitate patient comfort and dignity
7	<p>Document in the Nursing Record:</p> <ul style="list-style-type: none"> • All actions and observations • Consent • Patient perceptions • Intervention <p>Plan in partnership with patient/carers any follow-up care/visits</p>	<p>To monitor trends and fluctuations. Ensure compliance with NHSGG&C Record Keeping Policy</p>

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