Eye health workers carry out many basic routine procedures. Sometimes bad practice develops and this, in turn, may lead to new members of staff learning unsafe methods. Community Eye Health Journal plans to run a series on practical procedures, when applicable, relating to the theme.

**How to instil eye drops**

**Indications**
- To aid examination – e.g., dilating the pupil
- To aid diagnosis – e.g., staining the cornea
- To treat eye conditions – e.g., antibiotic drops.

**You will need**
- Clean swab or paper tissue
- Prescribed eye drops – these are available in several types of container.

**Preparation**
- Check that the drops are not date expired
- Check the patient’s name and eye drops label against the prescription.

**Method**
- Remove the cap from the bottle (or the pipette from the bottle)
- Secure the bottle top.

**Finally**
- Secure the bottle top.

**How to apply eye ointment**

**Indications**
- To treat a superficial corneal injury with antibiotic
- To deliver longer acting topical medication e.g.
  - in the case of a child
  - overnight, following medication
  - by drop instillation during daytime
  - when an eye needs to be padded for long periods.

**You will need**
- Clean swab or paper tissue
- Prescribed eye ointment – produced in varying sizes and colours of tube.

**Preparation**
- Check that the ointment is not date expired
- This is not always easy to read on the actual tube so be careful to take time to do this. Some tubes also come in a box where the expiry date is easier to read.
- Check the patient’s name and eye ointment against the prescription
- Remove cap from nozzle
- Ask the patient to look up.

**Method**
- With the index finger of one hand take a folded swab or paper tissue to gently hold down the lower eyelid
- Do not make the eyelid turn out too much as instilled drops may fall out on to the cheek.
- Ask the patient to close the eye, gently wipe away any surplus fluid and wait for about 30 seconds
- Do not allow the drop to fall on to the cornea as this can be painful and may alarm the patient and cause loss of confidence.
- Do not allow the bottle or pipette to touch the eyelid skin or eye lashes as it will cease to be sterile and need to be discarded.
- Ask the patient to close the eye and wipe away any surplus fluid.

**Finally**
- Secure the nozzle cap.

**How to stain the cornea**

**Indications**
- To assess corneal epithelial damage, following trauma or in patients with ‘dry eye’ problems, using diagnostic drops, e.g., Fluorescein 2% or Rose Bengal 1%.

**You will need**
- Fluorescein 2% or Rose Bengal 1% – diagnostic drops or impregnated paper strips
- Normal saline drops
- Local anaesthetic drops
- Clean cotton wool or gauze swabs
- Torch or slit lamp (depending on availability/skill level) for illumination.

**Preparation**
- Explain to the patient that he/she will experience a cold stinging sensation when the drops are instilled.
- Ask the patient to look up
- Instil the diagnostic Fluorescein or Rose Bengal drops or use the paper strips.
- When using the strips, moisten with a small amount of normal saline or anaesthetic drop, taking care not to touch the end of the strip (impregnated with the dye) with the dropper.
- Ask the patient to look up and gently touch the inside of the lower eyelid with the moistened strip, taking care not to touch the cornea
- Ask the patient to close the eye, gently wipe away any surplus fluid and wait about 30 seconds
- Using a torch or slit lamp with the appropriate colour light (blue light, if using Fluorescein, and white light, if using Rose Bengal), examine the corneal surface, note any staining and record in patient’s documentation.

Fluorescein stains **green** indicating corneal epithelial loss.

Rose Bengal stains **red** indicating dead tissue and mucus filaments.