

Ophthalmic Medication Administration
Skills Checklist

Student: _____ Validator: _____ Date: _____

Medication: _____, _____, _____

Criteria	Met	Not Met	Comment
1. Check the accuracy of the medication order. (check MAR w prescriber orders)			
2. Assess for any contraindications to client receiving medications (npo, hypotension, heart rate, allergies, labs, etc.)			
3. Perform the 6 rights of medication administration <ul style="list-style-type: none"> a. patient (verbal, ID: name and mr#) b. drug/indication c. dose (including correct computation) d. route e. time f. documentation 			
4. Med knowledge: <ul style="list-style-type: none"> a. Generic and trade names b. Classification (non critical) c. Indication including your patients d. Therapeutic dose range and your pt dose e. Significant side effects f. Nursing implications 			
5. Prepare meds <ul style="list-style-type: none"> a. Wash hands b. Take medications/MAR to patient's room c. Check each medication against MAR d. Check medication expiration date e. Tell patient name, dose, indication as appropriate f. Dons gloves g. Has tissue available h. Tilt head slightly back and ask client to look up. i. Use dominant hand and gently pull down on cheek, crating a "cup" j. Drops appropriate number of drops into the conjunctival sac holding eyedropper 1/2 to 3/4 inch above eyeball k. Asks client to gently close eyelids and move eyes. l. Apply pressure to inner canthus to prevent rapid absorption if medication has potential systemic effects m. Remove gloves and wash hands 			
6. Never leaves medication unattended			
7. Document according to policy and procedure			