
**eAppendix 1.** Policy Elements for Multi-Dose Eye Drop Policy

**eAppendix 2.** Procedural Form for Multi-Dose Eye Drop Policy

This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix 1. Policy Elements for Multi-Dose Eye Drop Policy

PROCEDURE STATEMENT: (describe the scope of the policy)

SCOPE: This procedure applies to medical and pharmacy staff providing preoperative, intra-operative, and postoperative patient care during surgery.

PROVISIONS:

1. Multi-dose eye drop preparations applied topically to the ocular surface may be used on multiple patients providing:
   a. the eye drop container has not been contaminated in any way.
   b. expiration date labeling is indicated on the eye drop bottle and is not exceeded.
   c. the individual patient is neither immune compromised or considered to be infectious in any way.
   d. the staff member having used the eye dropper is confident that the dropper bottle is not compromised or contaminated in any manner.

2. Contaminated eye drop bottles are to be discarded and are not to be used on multiple patients.

3. In compliance with Joint Commission Standards and Federal Law, multiple eye drop preparations for multi-dose use are NOT to be combined in to a single bottle for use in patients.

4. In keeping with Joint Commission Standards for multiple dose use of medications, eye drop medications in multi-dose bottles must be labeled with a 28-day beyond use date from the date the bottle was first opened and used.

5. Eye drop bottles that have been opened and do not contain a 28-day beyond use date are considered contaminated and are to be discarded immediately.

6. Eye drop preparations are to be capped and closed before and after use. Any bottle found opened without a cap is to be considered contaminated and discarded immediately.

7. If a multi-dose eye drop is used on any patient considered to be infectious or immune compromised in any way, the bottle is to be considered contaminated and discarded immediately.

8. Surgery and pharmacy staff are allowed full discretion in determining whether a multi-dose drop bottle is contaminated or not. When in doubt, throw it out.

9. Pharmacy staff will be responsible for stocking all eye drop preparations for use during surgery.
   a. Pharmacy staff will regularly check expiration dating when routinely stocking eye drop medications in surgery areas.

10. Surgery staff in pre/intra/post-operative areas are to regularly maintain and monitor the proper use, labeling, and expiration of all eye drop medications.

11. The OR Pharmacy will maintain a list of multi-dose eye drop preparations for use during surgical events. Preparations not included in this list are not to be considered multi-dose and are to be discarded after single use only.

EXCEPTIONS: There are no exceptions to this procedure. Any changes or editing of this procedure must be approved by OR Pharmacy and the Pharmacy and Therapeutics Committee.
eAppendix 2. Procedural Form for Multi-Dose Eye Drop Policy

PROCEDURE:

1. OR Pharmacy will routinely stock and maintain all eye drop preparations for use in surgery areas.
   1.1. Eye drop supplies will be stocked in designated and secured areas of the surgery center.
       1.1.1. Nursing/medical staff will determine a location for their specific surgical area.
       1.1.2. Opened and used eye drop bottles will be stocked separately from un-opened supplies.
   1.2. Pharmacy will routinely check for expired/un-labeled medications monthly.

2. Surgery staff administering eye drops to patients will check for expired medications at the beginning of each surgery day.
   2.1 Surgery staff are allowed full discretion for determining contamination of multi-dose eye drop preparations. When in doubt, throw it out.
   2.2 Any uncapped eye drop bottle is to be discarded immediately.
   2.3 Any opened/used eye drop bottle found without a 28-day beyond use date is to be discarded immediately.
   2.4 Any opened/used eye drop bottle exceeding a 28-day beyond use date is to be discarded immediately.

3. New/un-opened eye drop bottles will contain a tamper proof seal. Bottles not containing tamper proof seal are to be deemed “opened/used”.
   3.1 When opening a new bottle, remove the tamper proof seal prior to use on a patient.
      3.1.1. Removed bottle caps are to be placed inside up on a surface and not inside down (inside down can contaminate a bottle tip).
      3.1.2. Following drop use, eye drop bottles must be re-capped and closed using aseptic technique.
   3.2 Newly opened bottles must be labeled immediately by the staff opening the bottle with a 28-day beyond use date from the date they were opened.
      3.2.1. Expiration date labels or a permanent marker may be used.

4. Contaminated eye drop bottles are NOT to be used in any surgery patients.
   4.1. Dropper bottles are considered contaminated when:
      4.1.1. during administration the dropper tip is touched in any way to the patients ocular surface, eye lids, or eye lashes.
      4.1.2. the dropper tip is touched by the surgery staff member in any manner during the handling of the eye drop preparation.
      4.1.3. an opened/used bottle is found without a 28-day beyond use date.
      4.1.4. an opened/used bottle exceeds the 28-day beyond use date.
      4.1.5. any eye drop, used or unused previously, is used on any patient considered to be infectious or immune compromised.
      4.1.6. an opened/used bottle is found un-capped.
      4.1.7. any staff member determines at his or her discretion a bottle is contaminated.

5. OR Pharmacy will conduct annual educational review regarding all procedure and procedures for the use of multi-dose eye drop preparations in surgery patients.
   5.1. Training/educational documentation will be maintained for accreditation purposes.
      5.1.1. Participation logs verifying staff attendance will be maintained by each surgery area.
   5.2. Surgery staff will insure that education concerning policies and procedures for topical use of multi-dose eye drop preparations in surgery patients is included as part of the new employee orientation and training manuals for their respective surgery areas.

EXCEPTIONS:

There are no exceptions to this procedure. Any changes or editing of this procedure must be approved by OR Pharmacy and the Pharmacy and Therapeutics Committee.

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