

Staff Member: \_\_\_\_\_  
 Start Date of \_\_\_\_\_  
 Competency: \_\_\_\_\_

Job Title: \_\_\_\_\_  
 Unit: \_\_\_\_\_

*This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.*

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

<b>Applicable References &amp; Policies:</b>	<ul style="list-style-type: none"> <li>Organization Policy and Procedure</li> </ul>
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<b>Knowledge</b>				
<ul style="list-style-type: none"> <li>Identify patient using the two LSC identifiers.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Assess the patient for any allergies.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Check the physician order.</li> </ul>	D S T V			
<ul style="list-style-type: none"> <li>Follow the eight rights of drug administration. (Right patient, medication, dose, route, time, documentation, reason and response).</li> </ul>				
<ul style="list-style-type: none"> <li>Perform good hygiene with soap and water or an alcohol-based hand sanitizer and don gloves.</li> </ul>	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
• Explain the procedure to the patient.	D S T V			
• Position patient in a supine position.	D S T V			
• Instruct the patient to tilt his/her head back and look up with eye open.	D S T V			
• Use your non-dominant hand, pull down gently on the skin over the cheekbone to expose the cul-de-sac of the lower lid, creating a cup in which to catch the medication.	D S T V			
• For infants and children, use your thumb and index finger to separate the lids by resting them on the bony prominences above and below the eye, being careful not to apply pressure on the eye.	D S T V			
• If the infant or child is uncooperative with this technique and you are unable to separate the lids, you may place the drop of medication on the inner canthus while the patient remains supine.	D S T V			
• Using your opposite hand, gently squeeze the bottle between your thumb and forefinger • until the desired amount of medication is delivered into the lower cul-de-sac.	D S T V			
• Avoid placing drops directly on the eye to prevent patient discomfort.	D S T V			
• When administering ointment, hold the tip of the tube close to the eye and with light, even pressure, squeeze out a thin ribbon from the inner canthus to the outer canthus. Usually a ½ inch ribbon of ointment is enough.	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> <li>Instruct the patient to roll the eye behind close lids to distribute the medication.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>To prevent contamination of the medication, be careful not to touch the lid, lashes, or eye surface with the dropper or tip of the ointment. If medication becomes contaminated, discard medication as directed.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Ask the patient to blink a few times to distribute the medication and then gently close the eye to allow for absorption.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Replace the cap of the bottle or tube to prevent contamination.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Remove gloves and perform post procedure hand hygiene.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Record the route, site, and time administered in the medical record.</li> </ul>	<b>D S T V</b>			

*I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.*

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**