



**PHARMACY NEWSCAPSULE**  
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DEPARTMENT OF HEALTH SERVICES/DIVISION OF QUALITY ASSURANCE  
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**EYE DROPS: ADMINISTRATION TECHNIQUE**

How should eye drops be administered? The American Society of Health Systems Pharmacists has a very good general resource about administering eye drops at the [SafeMedication](#) website where you can access their flyer, [How to Use Eye Drops Properly](#). In addition to this general resource, many eye drop medications have instructions available from the manufacturer; e.g., the [instructions](#) for a brand glaucoma medication called Xalatan®.

Questions that have come up regarding eye drop administration include:

**1) Must you apply pressure to the inner corners of the eye after administering the eye drops?**

General procedures and some manufacturer instructions indicate that you should apply pressure to the inner corner of the eye. The pressure to the inner corner of the eye allows the eye to absorb the medication and prevents the medication from draining into the nose. Pressure can prevent some systemic absorption of the eye drop and any possible side effects the absorption may cause.

Although closing of the eyes and putting pressure on the corners of the eyes is typically required based on manufacturer instructions of eye drops for glaucoma or infections, many eye lubricant drops that are available over the counter do not carry the same labeling requirements to put pressure on the inner corner of the eye. Many health care resources do indicate that pressure on the inner eye should be done for lubricants.

Some patients may have conditions or are unable to comply with closing eyes and allowing caregivers to place pressure on the inner corners of their eye for 1-2 minutes. For survey purposes in nursing homes, if a person administering medications does not put pressure on the corner of the eye, this would be considered a medication error for most eye drops, but not for most lubricant drops. The error would not be counted if the resident refuses to allow staff to place pressure or has a condition that

would indicate staff should not place pressure. A physician order directing staff not to put pressure on the eye wouldn't result in a medication error.

## 2) Do staff have to wear gloves when giving eye drops?

There is not a definitive answer for this question. This is a general infection prevention question that takes into consideration the risk involved. Residents with infections and weeping eyes present a greater risk to the caregiver who comes into contact with secretions; therefore, gloves should be worn. In other circumstances, patients without secretions can use a tissue to wipe their own eyes after eye drop administration; therefore, caregivers are less likely to come into contact with patient eye secretions and have no need for gloves.

## 3) How long should you wait between different eye drops?

Many of the manufacturer instructions indicate that you should wait 3-5 minutes between different types of medications.

## LEGAL MEDICATION ORDERS

Lately, across all settings that DQA surveyors inspect, surveyors and providers are asking, "What is a legal order for medication?" This question has come up because residents or patients of various facilities haven't received their medications in a timely manner due to complications with medication orders. Most of these complications have dealt with outpatients or residents in community settings.

In most settings that DQA investigates, there are regulations requiring a practitioner order for medications. These regulations, however, do not specifically say what an order must contain beyond a date, time, and signature of the practitioner. However, a pharmacy or a practitioner who dispenses prescription medication has a separate set of regulations that indicate what must be included in a valid prescription. In addition, if the medication involved is a controlled substance, additional requirements are in place for valid prescriptions including electronic prescription orders. There can be delays in obtaining a valid prescription order when facility or setting regulations do not match with pharmacy regulations.

Items required for pharmacy prescriptions (with a few exceptions):

- Date of issue
- Name and address of the practitioner
- Name and quantity of the drug product or device prescribed
- Directions for the use of the drug product or device
- Signature of the practitioner, if the order is written by the practitioner
- Name and address of the patient on prescription orders

In many settings the quantity and names and addresses are not provided or the directions for use are not clearly indicated.

For controlled substances, electronic orders require specific security features that are not present in traditional electronic health records or are voided depending on how the orders are transmitted. In most of these cases, pharmacies have to directly communicate with the prescriber.

For Surveyors: Delays in medications due to invalid prescription drug orders will unfortunately occur.

Facilities should be working with their pharmacists and practitioners on a consistent communication pathway to make sure order requirements are met by all parties; most importantly, that patients and residents receive their medications in a timely manner or that alternative options are put in place. When this does not occur, requirements for specific facilities may require citations.

## CMS COMMUNICATION FOR NURSING HOMES

CMS has a dedicated [email address](#) for updates on nursing homes where you can submit questions. Questions that are answered from that mailbox are typically shared with all states. The following is a question proposed by a pharmacy in another state and shared by CMS.

**Question:** Recently we have received multiple questions regarding eye drop expiration dating while our nursing homes have been in survey. One of the surveyors I spoke with said that they found information for Azopt® and Timolol® expiring 28 days after opening. Currently our pharmacy relies on the package insert for guidance to eye drop expiration dating, which does not state the above that Azopt® and Timolol® expires 28 days after opening. ‘Wondering if you could help in directing us to the proper protocol for eye drop expiration dating that is required of nursing homes or if there is new information regarding eye drop expiration dating.

**CMS Answer:** Thank you for your recent inquiry regarding eye drop expiration dating. You asked for help in directing you to the proper protocol for eye drop expiration dating that is required of nursing homes. The nursing home regulations and interpretive guidance expect nursing home staff to adhere to accepted professional standards of practice related to medication administration and use of multi-dose containers such as eye drops.

First, we want to clarify that a manufacturer expiration date is the point at which a manufacturer can no longer guarantee the strength and effectiveness of a medication. Because the expiration date is established by testing a drug in specific conditions such as specific storage containers, lighting, and temperature, effectiveness of the medication is compromised by changing any of these conditions. Manufacturer expiration dates only apply when the drug product is stored in the manufacturer’s original, unopened container under defined conditions.

Eye drops in multi-dose packaging contain preservatives to ensure the sealed product remains sterile. After opening however, the preservative can only ensure the drops are safe for the eye for a period of 28 days. Beyond 28 days, using the drops may cause serious damage to the eye as bacteria may have been introduced.

Therefore, the standard of practice is that nursing home staff should record the date eye drops are opened and should not use them after 28 days unless the manufacturer provides a longer period for which the drops can be used after opening (<http://apps.who.int/phint/2017/index.html#d/b.6.2.1.3>. This site works best on Google Chrome.). We recommend checking the package insert for manufacturer recommendations. If the manufacturer does not provide a time frame for discarding the eye drops after opening, then the 28 day standard of practice is recommended.

**DQA Note:** The standards for sterile eye drops typically are manufacturer standards and USP 797. If a facility uses something other than the manufacturer’s standards or the 28-day standard, the facility should provide the surveyor with the standard they are using to justify the dating they are using for eye drops. Surveyors can access manufacturer information by typing the name of the medication along with the words “package insert” into an internet search engine like Google. Storage information about the medication, including use dating, is usually indicated at the very end of the package insert material.

## NEWSLETTER FEATURE: PHARMACY TIPS

In the past, this newsletter has featured a health-based app in each issue. For 2019, the newsletter will instead feature a pharmacy-based tip in each issue.

### Expiration Date

This issue’s tip involves expiration dating. Sometimes a package of medications will have an expiration date noted as 09/19. The question raised is, “Does this expire 9/1/19 or 9/30/19?” When only the month and year are noted on a medication expiration date, it means the medication expires on the **last day** of that month.