NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Artificial tears for ocular lubrication (POLY-TEARS® or OPTIFRESH PLUS®)

SESLHDPR/448

POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife-initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.1

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e., more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Symptomatic relief of burning, mild ocular irritation, and discomfort due to dryness of the eye (Cornea, conjunctiva)

CONTRAINDICATIONS

Hypersensitivity to any component of the product, in particular preservatives. Patients with severe dry eye conditions are at a higher risk of preservative toxicity.

PRECAUTIONS

- If patients experience headache, eye pain, vision changes, irritation of the eyes, persistent redness or if the condition worsens or persists, contact a medical officer and cease using the topical lubricant medication. If reaction to the preservative switch to a preservative free lubricant.
- Pregnancy: safe to use
- · Breastfeeding: Safe to use

HISTORY/ASSESSMENT

If patients experience headache, eye pain, vision changes, irritation of the eyes, persistent redness or if the condition worsens or persists, contact a medical officer

Version: 5 Review date: August 2027 T15/37195 Page 1 of 3



NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Artificial tears for ocular lubrication (POLY-TEARS® or OPTIFRESH PLUS®)

SESLHDPR/448

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications				
Drug	Dose	Route	Frequency	
Artificial Tears				
dextran-70 0.1% + hypromellose 0.3% eye drops (Poly-Tears®)	ONE drop into	Topical	As required (every 1 to 12 hours) up to a maximum of TWO doses	
OR	eye(s)			
carmellose sodium 1% eye drops (Optifresh Plus®)				

- Label each bottle with the patient's name and date it was opened
- Ask patient to tilt their head back and look up. Gently pull down their lower eyelid to form a pouch.
- Instil ONE drop into the middle or lateral aspect of the pouch and avoid the nasal area.
- Ask patient to close their eyes and not to blink post instillation (the patient is not to squeeze the eyelid as this will increase the outflow of the lubricant and blinking will trigger lacrimal drainage). Gently press against the inner corner of their eye (punctal occlusion) with their finger (over the tear duct) for 1–2 minutes to block the lacrimal outflow into the nasal passages.

Children

If the eyelids have discharge clean the eye lids before instilling drops.

Hold the child's eyelids open between the index finger and thumb of one hand and instil drop in with the other. Avoid applying pressure to the eyeball. Lids should be pulled from orbital rim. If this is difficult, instil a couple of drops onto the skin at the corner of the eye and wait for the eyes to open.

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

- Very common: vision blurred (Dry Eye Disease does cause blurred vision, to manage that condition frequent lubricant drops are required)
- Uncommon: eye irritation, ocular hyperaemia
- Ocular irritation is often related to the preservative in the eye drop

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

Version: 5 Review date: August 2027 T15/37195 Page 2 of 3



NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Artificial tears for ocular lubrication (POLY-TEARS® or OPTIFRESH PLUS®)

SESLHDPR/448

PRACTICE POINTS

• Do not touch dropper tip to any surface as this may contaminate the drops

REFERENCES/FURTHER READING

- 1. NSW Health Policy Directive Medication Handling PD2022 032
- 2. <u>Australian Medicines Handbook.</u> Ocular Lubricants. South Australia: Australian Medicines Handbook Pty Ltd, January 2025.

REVISION and APPROVAL HISTORY

Date	Version Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, Sydney Eye Hospital
September 2015	1	Approved by SESLHD Drug &QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. Minor wording updates
September 2021	3	Approved by SESLHD Quality Use of Medicines Committee
June 2023	DRAFT 4	NSW Medicines Formulary reviewed. Tears Naturale removed and replaced with Optifresh Plus. Reviewed by nursing and pharmacy staff.
September 2023	4	Approved by SESLHD Drug and Therapeutics Committee
August 2025	5	Approved by SESLHD Drug and Therapeutics Committee

Version: 5 Review date: August 2027 T15/37195 Page 3 of 3