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# **Acacium Group**

## **Administering Ear Drops**

**Procedure Reference | SOP MEDS 12**

**Version | V4.0**

<b>Procedure Name</b>	Administering Ear Drops
<b>Purpose of Document</b>	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic approach to the application of ear drops
<b>Target Audience</b>	All nurses and appropriately trained carers
<b>Version</b>	V4.0
<b>Author</b>	Karen Matthews-Shard
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<b>Lead Director</b>	Karen Matthews-Shard
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<b>Next Review Date</b>	August 2025
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1.1	Dec 2016	Implementation of document history page	KNF/VM
V1.1	Apr 2018	Updated front sheet to include new review frequency date	KNF/VM
V2	Sep 2019	3 yearly review and implementation of new template	Clinical Advisory Group
V2.1	Apr 2020	Updated to new Community Template	CC
V2.2	Oct 2020	Updated re rebrand	CC
V3	Aug 2022	3 Yearly Review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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## 1. Introduction

Medicines are absorbed in many ways and the route of treatment will depend on the condition being treated and the most effective route.

This Standard Operating Procedure covers the administration of ear drops.

## 2. Aim

To administer the relevant medication in a safe and effective manner as prescribed.

The six rights: Prior to administering any medications it is important to consider the six rights:

- right drug
- right time
- right dose
- right route
- right client
- right to refuse

As well as the six rights it is also important to consider the right position and the right documentation.

## 3. Who needs to be aware of this procedure

Acacium Group nurses and carers who have been trained and assessed as competent may administer these medications, according to prescription and Acacium Group Medicines Management Policy.

## 4. Storage of medicines

Store away from direct sunlight and sources of heat. Medications should be stored according to manufacturer's instructions. Most medicines applied to the ears are to be disposed of a month after opening. Refer to the patient information leaflet for more details. The date of opening should be written on the container and the medicine disposed of if it has not been completed within a month from opening.

## 5. Contraindications

Before administering medications, the information leaflet within the medicines packaging must be checked to ensure that administering the relevant medication will not cause harm to the client and the person administering it.

If there are any concerns these should be discussed with the client's GP and the Community nurse.

The person administering must also note whether the client has any allergies to any of the contents of the medicines. If yes, administration should not go ahead until it has been checked with the GP whether it would be safe to do so.

## 6. Hazards / complications

The same precautions as in 'section 4' apply to understanding the hazards and complications. Acacium Group nurses and carers need to be aware that they have a duty to explain any potential complications as part of obtaining valid consent.

## 7. Consent

Please read Acacium Group Consent Policy thoroughly and ensure that valid consent has been gained.

## 8. Client / relatives / carers involvement

The client may wish to undertake the application of ear drops themselves or ask their relatives or carers to do so. Acacium Group staff should assist with this wherever it is practical, safe and effective to do so.

## 9. Client information

As part of obtaining valid consent the risks, benefits and alternatives to treatment will have been discussed.

The procedure must be explained fully in order to gain full cooperation with the procedure.

Clients and their family, or carers, must be given information about the potential complications and also advised what they may do to help minimise the complications if they occur. Contact details and actions to be taken in case of emergency should also be given.

## 10. Equipment

- cotton wool/gauze
- medicine for administration
- drug administration record sheet
- Record of events
- suitable waste disposal
- Appropriate PPE

## 11. Procedure

	Action	Rationale
1.	Explain and discuss procedure with the client.	To ensure that the client understands the procedure and gives his / her valid consent (Griffith & Jordan 2003; NMC 2006; NMC 2008).
2.	Obtain the equipment outlined in 'section 10'.	To ensure that all equipment is present and ready for use.
3.	Do not use the drops if on using them they: <ul style="list-style-type: none"><li>• appear to be different in colour from what they were when you first got them.</li><li>• look cloudy when they first looked clear</li></ul>	The medication may be contaminated in some or have changed its efficacy. It should be disposed of, and another sought to replace it.

	<ul style="list-style-type: none"> <li>have small bits floating in them</li> </ul> <p>Refer to the drug information sheet for further details.</p>	
4.	Shake the bottle gently.	To avoid a concentration of medication being administered at the end of the course and insufficient medicine throughout the course.
5.	Wash your hands	To maintain infection control.
6.	Warm the drops by holding the bottle in your hands for a few minutes.	This will prevent dizziness from cold drops.
7.	If a dropper is supplied, hold the dropper tip down all of the time and keep the dropper tip depressed.	This stops the drops from flowing back into the bulb where there may be germs that can get into the medicine.
8.	Lie the client down or tilt their head to one side.	To allow for maximum drainage into the ear.
9.	<p>Carry out the usual checks prior to the administration of any medication:</p> <ul style="list-style-type: none"> <li>right patient</li> <li>right drug</li> <li>right dose</li> <li>right route</li> <li>right time and date</li> <li>correct ear (if to be used in single ear)</li> <li>check expiry date and when opened (if applicable – refer to manufacturer's instructions) If opening a new bottle record the date opened</li> <li>check the MAR chart, prescription and signature</li> <li>when the medicine was last administered</li> <li>allergies.</li> </ul>	To maintain safety for the client.
10.	<p>In adults, the earlobe (pinna) should be gently held up and back. For children, gently hold the earlobe down and back.</p>  <p>Pull Up and Back</p>	To allow for maximum drainage into the ear to allow the drops to flow down into the ear canal.

11.	<p>Place the correct number of drops into the ear. Hold the ear with one hand and give the drops with the other hand.</p> <p>Avoid making direct contact with the dropper end and the client's ear.</p> <p>Wipe any excess liquid with a clean piece of cotton wool/Gauze.</p>	<p>To give the correct dosage and to allow easy access.</p> <p>To prevent contamination.</p> <p>To remove unwanted liquid from surrounding area of ear.</p>
12.	Replace the cap or dropper in the medicine bottle right away and store as per the manufacturer's instructions.	To prevent contamination.
13.	<p>Gently press on the tragus (flap at the entrance of the ear canal) 10 times and keep head tilted up for 2-5 minutes.</p>  <p>Press on the Ear Flap</p>	To give the medicine time to coat the ear. To allow the ear drops to pass through the ear canal.
14.	Sign that the medication has been administered and document in the Mar chart and record of events.	To maintain accurate records. To provide a point of reference in the event of any queries. To prevent any duplication of treatment (NMC 2005).

## 12. Associated Policies / SOPs

### Policies

CLIN 03 Medicines Management Policy  
 CLIN 06 Consent Policy

**SOPs**

- SOP Meds 01 Controlled Drugs
- SOP Meds 02 Oral Administration
- SOP Meds 03 Rectal Administration
- SOP Meds 04 Subcutaneous Administration of Medicines
- SOP Meds 05 Administration via Gastrostomy and Jejunostomy Tubes (PEG, PEJ and JEJ)
- SOP Meds 06 Intramuscular Injection Administration
- SOP Meds 07 Peripheral Intravenous Administration
- SOP Meds 08 Administration via Central Line (Hickman, PIC and Porta Cath)
- SOP Meds 09 Removal of Medicines from Client's Home
- SOP Meds 10 Vaginal Administration
- SOP Meds 11 Topical & Transdermal Application of Medicines
- SOP Meds 13 Administration of Eye Drops or Ointments
- SOP Meds 16 Buccal or Sublingual Administration of Medicines
- SOP Meds 17 Administration of Medication via a Metered Dose Inhalers
- SOP Meds 18 Administration of Epi-pen, Anapen and Emerade
- SOP Meds 19 Self Administration of Medicines
- SOP Meds 20 Oxygen Therapy: Adult and Child

### 13. References

- NMC 2018 Guidelines for records and record keeping Procedure no 4
- The Royal Marsden 2015 Manual of Clinical Nursing procedures 9<sup>th</sup> Edition
- CQC Medicines training and competency in adult social care settings – this relates to appropriate training, support and competencies making care safe, high quality and consistent (Training is referred to in all SOP's)
- NICE Guidance NG67 Managing medicines for adults receiving social care in the community March 2017 – this relates to general medicines management and details all processes

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group