



7406 N. La Cholla Blvd. Tucson, Arizona 85741  
p: (520) 545-0202 f: (520) 545-0201  
[www.headtotohealthcare.org](http://www.headtotohealthcare.org)

## Eye Drops and Ointment

### Eye Drop Instillation

1. Wash your hands thoroughly.
2. Read the label and make sure that you are instilling the correct drops.
3. Shake well if directed to do so. Some medications are in suspension and need to be shaken to ensure the correct dosage.
4. Stand in front of a mirror, looking directly forward with the head tipped slightly back.
5. Gently pull the lower lid down with one hand while squeezing 1 to 2 drops from the bottle with the other hand. To avoid contamination, do not allow the dropper to touch the eye or face. Instilling the drops toward the outer corner of the eye is usually easier.
6. After instillation, close the eye gently for 2 minutes or press firmly on the inner corner of the upper and lower lids for 1 minute. Either technique will enhance the result.

### Ointment Application to Lid Margins

1. Wash your hands thoroughly.
2. Check the label to verify correct medication and instructions.
3. Apply ¼ to ½ inch of ointment on the tip of the index finger. With the eye closed, apply along the lid margins at the lash line. Cover both the upper and lower lids from inner to outer corner.
4. Alternate technique: squeeze ¼ to ½ inch of ointment onto a cotton-tipped applicator. While looking directly in the mirror, apply along the lid margins at the lash line of both the upper and lower lids.

### Ointment Application Inside Lower Lid

1. Wash your hands thoroughly.
2. Check the label to verify correct medication and instructions.
3. Look directly into a mirror and tilt head down slightly. Gently pull lower lid down and squeeze about ½ inch of ointment inside the lower lid. Twist tube to separate ointment from tube. Because of the risk of contamination, avoid touching the lid or the eye with the tube.
4. Alternate technique: squeeze ½ inch of ointment onto the index finger and transfer to the inside of the lower lid.

#### Medications Prescribed

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\_\_\_\_\_

#### Frequency and Duration

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\_\_\_\_\_

#### Your Follow-up Visit

Date: \_\_\_\_\_

Dr.: \_\_\_\_\_

Time: \_\_\_\_\_

Phone: \_\_\_\_\_

