

contaminating the tip of the dropper, place a disposable ear speculum in the canal and administer the drops through the speculum. Position the bottle so that the drops fall against the side of the ear canal. After instillation, the child should remain lying on the unaffected side for a few minutes. Gentle massage of the area immediately anterior to the ear facilitates the entry of drops into the ear canal. The use of cotton pledgets prevents medication from flowing out of the external canal. However, they should be loose enough to allow any discharge to exit from the ear. Premoistening the cotton with a few drops of medication prevents the wicking action from absorbing the medication instilled in the ear.

Nose drops are instilled in the same manner as in the adult patient. Remove mucus from the nose with a clean tissue or a washcloth. Unpleasant sensations associated with medicated nose drops are minimized when care is taken to position the child with the head extended well over the edge of the bed or pillow ([Fig. 20-19](#)). Depending on size, infants can be positioned in the football hold (see [Fig. 20-3, B](#)), in the nurse's arm with the head extended and stabilized between the nurse's body and elbow and the arms and hands immobilized with the nurse's hands, or with the head extended over the edge of the bed or a pillow. After instillation of the drops, the child should remain in position for 1 minute to allow the drops to come in contact with the nasal surfaces. Insert nasal spray dispensers into the naris vertically and then angle them to avoid trauma to the septum and to direct medication toward the inferior turbinate.