

Eye Irrigation

Purpose	The purposes of this procedure are to remove foreign bodies from the eye, to irrigate the eye following eye instillation, to remove discharge or chemicals from the eye, to relieve the eye of congestion or pain, and to disinfect the eye.
Preparation	* Only to be done by Licensed Nurse. <ol style="list-style-type: none">1. Review the resident's care plan to assess for any special needs of the resident.2. Assemble the equipment and supplies as needed.
General Guidelines	<ol style="list-style-type: none">1. Irrigation solution (water and/or prescribed solution) should not exceed 100°F (37.7°C). (Note: Using a cold solution will intensify pain. Use lukewarm solutions unless otherwise instructed.)2. Impairment or loss of vision makes the resident apprehensive. Explain the procedure to the resident and what he/she will experience during the procedure. Cooperation from the resident is essential to prevent injury and the spread of infections.3. Allow the resident as much privacy as possible.4. The cornea has many nerves and is very sensitive. Do not use any force in administering this procedure. Allow the solution to flow in a steady stream.5. Should both eyes require irrigation, wash and dry your hands thoroughly before irrigating each eye.6. To steady the syringe during the irrigation process, rest your hand on the bridge of the resident's nose or on his/her forehead.7. Do not force the procedure. Take your time and be gentle with the resident.
Equipment and Supplies	The following equipment and supplies will be necessary when performing this procedure. <ol style="list-style-type: none">1. Sterile irrigating syringe;2. Emesis basin;3. Small basin for solution;4. Solution (as prescribed);5. Sterile 4x4 gauze pads;6. Cotton balls;7. Towel;8. Plastic cape (optional);9. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed); and10. Other as may be necessary or appropriate.
Steps in the Procedure	<ol style="list-style-type: none">1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.2. Wash and dry your hands thoroughly.3. Put on gloves.4. If the resident is sitting up, tilt his/her head backward slightly. Position yourself so the affected side is toward you.5. If the resident is bedfast, position the resident's head on the edge of the pillow. Position yourself so the affected side is toward you.6. Place the plastic protector where it will protect the resident and his/her bed linen.7. Place the towel over the plastic protector.8. Cover the uninfected eye with a sterile pad.

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Steps in the Procedure (continued)

9. Position the emesis basin against the cheek to catch the return flow. (**Note:** If the resident is able to assist you, instruct him/her to hold the emesis basin to prevent it from moving.)
10. Remove any encrustations from the eyelids with moist sterile cotton balls. Wipe from the nose to the outside of the eye. (**Note:** Use only one (1) cotton ball per wipe.)
11. Discard used cotton balls into designated container.
12. Fill the irrigating syringe with solution.
13. Separate the eyelids with the thumb and index finger.
14. Irrigate the eye by allowing the fluid to flow in a steady stream. (**Note:** Irrigate from the nose to the outside of the eye to avoid contamination of the uninfected eye. Do not touch the eye or eyelid with the syringe.)
15. Be sure the solution is draining into the emesis basin. (**Note:** Do not force the solution. Let it flow freely.)
16. Observe the character of the return flow.
17. Irrigate the eye until the solution has been used.
18. Dry the eye from the nose to the outside of the eye with the sterile pad. Discard the used gauze pad into designated container.
19. Remove the sterile pad from the uninfected eye. Discard the gauze pad into designated container.
20. Remove the towel and bed protector and discard into designated containers.
21. Pour the solution down the commode. Flush the commode.
22. If the resident complains of pain, cease the procedure and summon the nurse supervisor.
23. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
24. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
25. Discard disposable equipment and supplies in designated containers.
26. Clean the overbed table and return it to its proper position.
27. Lower the bed into lowest position and place the siderails and the head of the bed in the appropriate position **as indicated in the resident's plan of care.**
28. Reposition the bed covers. Make the resident comfortable.
29. Place the call light within easy reach of the resident.
30. Wash and dry your hands thoroughly.
31. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the eye was irrigated.
2. The name and title of the individual(s) who irrigated the eye.
3. The type of solution used to irrigate the eye.
4. All assessment data obtained concerning the resident's eye.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS (RAPs)	O1, O2
Survey Tag Numbers	F311, F333, F441
Related Documents	
Risk of Exposure	Blood–Body Fluids–Infectious Diseases
Procedure Revised	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____