



# Department of Nursing POLICY AND PROCEDURE

POLICY NUMBER: 232  
VERSION: 1

## **SUBJECT: EYE IRRIGATION**

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### **PURPOSE:**

- To treat and relieve pain and irritation due to ocular trauma, infection, or foreign body sensation.
- To flush secretions, chemicals, and foreign objects from the eye.

**POLICY:** Eye irrigation must be performed according to the guidelines outlined in this policy.

### **EQUIPMENT:**

- Morgan medi-flow lens irrigation set (used for continuous-flow irrigation)
- Primary I.V. tubing (used for copious and/or continuous-flow irrigation)
- Sterile basin (used for moderate-flow irrigation)
- Sterile 60 ml syringe (used for moderate-flow irrigation)
- pH testing strip (if ordered by provider)
- Topical eye anesthetic (if ordered by provider)
- Sterile cotton-tipped swabs
- Clean gloves
- Sterile gloves, if applicable
- 1-liter bag of irrigation solution (usually lactated ringers or normal saline as ordered by provider)
- Several large bath towels and/or emesis basin

### **PROCEDURE:**

#### **Moderate-volume irrigation:**

1. Confirm patient identity using two identifiers.
2. Validate allergy status.
3. Perform hand hygiene and apply clean gloves.

4. Quickly inspect both eyes for any injury or foreign bodies, asking the patient to look up, down, left and right. **DO NOT ATTEMPT TO IRRIGATE AN EYE THAT MAY HAVE SUFFERED PENETRATING TRAUMA.**
5. Explain procedure to patient.
6. If ordered, test eye pH with a pH testing strip. Normal eye pH is 7.0 - 7.3.
7. Position patient in a supine position with head turned toward affected eye.
8. Place several large bath towels or an emesis basin under the head and eye area to absorb the run off of irrigating solution.
9. Pour sterile irrigant into the sterile basin. Be sure to keep the tip of the container sterile.
10. Fill the syringe with 30 to 60 ml of irrigant.
11. Using thumb and index finger of non-dominant hand, separate the patient's eyelids.
12. Apply topical eye anesthetic, if ordered.
13. Hold the syringe about one inch from the eye and direct a gentle stream at the inner canthus so that the irrigant flows across the cornea to the outer canthus.
14. Evert the lower eyelid and then the upper eyelid to inspect for retained foreign particles.
15. Remove any visible foreign particles by gently touching the conjunctiva with a sterile cotton-tipped swab. **Do not touch the cornea.**
16. Resume irrigating the eye until it's clean of all foreign particles.
17. After eye irrigation, gently dry the eyelid with a cotton ball or facial tissue. Wipe from the inner canthus to the outer. Use a new cotton ball or tissue for each wipe. This reduces the patient's need to rub his eye.
18. Remove and discard your gloves.
19. Wash hands.

**Copious-flow irrigation:**

Perform steps 1-8 above

9. Hang irrigating solution with attached primed I.V. tubing.
10. Hold the control valve on the I.V. tubing about one inch above the eye and direct a constant, gentle stream of solution at the inner canthus so that the flow is across the cornea to the outer canthus.
11. Ask the patient to periodically rotate his eye while irrigating. This action may dislodge foreign particles.
12. Evert the lower eyelid and then the upper eyelid to inspect for retained foreign particles. This is especially important when the patient has a caustic chemical in his eye.
13. After eye irrigation, gently dry the eyelid with a cotton ball or facial tissue. Wipe from the inner canthus to the outer. Use a new cotton ball or tissue for each wipe. This reduces the patient's need to rub his eye.
14. Remove and discard gloves.
15. Perform hand hygiene.

**Continuous-flow irrigation:**

Perform steps 1-8 above

9. Hang irrigating solution with attached primed I.V. tubing.
10. Open Morgan medi-flow lens irrigation set.
11. Attach the end of the I.V. tubing to the end of the lens irrigating set. Do not touch the lens in order to ensure that it remains sterile. Start the irrigating solution at a slow rate to lubricate the lens during insertion
12. Apply sterile gloves.
13. Ask the patient to look down. With one hand lift the upper lid, and with the other hand slide the lens up under it. Ask the patient to look up and retract the lower lid. The lens should pop down under the lower lid. The lens is designed to float above the cornea on a cushion of fluid.
14. Once the lens is in place, increase the rate of the irrigating solution as high as the patient can tolerate and continue for the length of time ordered by the provider. If no time frame was specified, continue irrigation for at least 30 minutes.

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15. Before irrigating solution runs out check with provider to determine if additional bags will be needed.
16. At the conclusion of the irrigation, remove the lens. Instruct patient to look up. Retract the lower lid and slide the lens out.
17. After eye irrigation, gently dry the eyelid with a cotton ball or facial tissue. Wipe from the inner canthus to the outer. Use a new cotton ball or tissue for each wipe. This reduces the patient's need to rub his eye.
18. Remove and discard gloves.
19. Wash hands.

### DOCUMENTATION

1. Assessment of affected eye before and after irrigation.
2. Amount and type of solution used to irrigate eye.
3. Patient's tolerance of procedure.

### SPECIAL CONSIDERATIONS

1. When irrigating both eyes, have the patient tilt his head toward the side being irrigated to avoid cross-contamination.
2. For chemical burns, irrigate each eye for at least 15 minutes, with normal saline solution, to dilute and wash the harsh chemical.

### REFERENCES:

[www.morganlens.com](http://www.morganlens.com)

[www.fpnotebook.com/Eye/Procedure?EYIrgyn.htm](http://www.fpnotebook.com/Eye/Procedure?EYIrgyn.htm)

Kowalak, J., (Ed.) (2012). Lippincott's nursing procedures (6<sup>th</sup> ed.). Philadelphia: Lippincott Williams & Wilkins.

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