IRRIGATIONS

An irrigation (lavage) is the washing out of a body cavity by a stream of water or other fluid that may or may not be medicated. Irrigation is performed for one or more of the following reasons:

- To clean the area, that is, to remove a foreign object or excessive secretions or discharge
- To apply heat or cold
- To apply a medication, such as an antiseptic
- To reduce inflammation
- To relieve discomfort

Surgical asepsis is required when there is a break in the skin (e.g., in a wound irrigation) or whenever a sterile body cavity (e.g., the bladder) is entered. Some irrigations (e.g., a vaginal, rectal, or gastric irrigation) are often conducted using medical asepsis.

Different kinds of syringes are used for irrigations. The most common are the Asepto and the rubber bulb (Figure 35-60). The syringes are often calibrated, permitting the nurse to determine the amount of irrigant being delivered at any given time. The Asepto syringe is a plastic (or glass) syringe with a rubber bulb. Squeezing the air out of the bulb produces negative pressure, and fluid can be sucked into the syringe. When the bulb is squeezed again, the fluid is ejected from the syringe. Asepto syringes come in several sizes ranging from 30 mL (1 oz) to 120 mL (4 oz).

CLIENT TEACHING Using a Metered-Dose Inhaler

Ensure that the canister is firmly and fully inserted into the inhaler.
Remove the mouthpiece cap. Holding the inhaler upright, shake the inhaler vigorously for 3 to 5 seconds to mix the medication evenly.
Exhale comfortably (as in a normal full breath).
Hold the canister upside down.
  a. Hold the MDI 2 to 4 cm (1 to 2 in.) from the open mouth (Figure 35-58).
  b. Put the mouthpiece far enough into the mouth with its opening toward the throat such that the lips can tightly close around the mouthpiece. An MDI with a spacer or extender is always placed in the mouth (Figure 35-59). This method should not be used for steroid medications via an MDI because it is not considered as efficient in delivery of the medication (Bower, 2005).

ADMINISTERING THE MEDICATION

Press down once on the MDI canister (which releases the dose) and inhale slowly (for 3 to 5 seconds) and deeply through the mouth.
Hold your breath for 10 seconds or as long as possible. This allows the aerosol to reach deeper airways.
Remove the inhaler from or away from the mouth.
Exhale slowly through pursed lips. Controlled exhalation keeps the small airways open during exhalation.

Repeat the inhalation if ordered. Wait 20 to 30 seconds between inhalations of bronchodilator medications so the first inhalation has a chance to work and the subsequent dose reaches deeper into the lungs.
Following use of the inhaler, rinse mouth with tap water to remove any remaining medication and reduce irritation and risk of infection.
Clean the MDI mouthpiece after each use. Use mild soap and water, rinse it, and let it air dry before replacing it on the device.
Store the canister at room temperature. Avoid extremes of temperature.
Report adverse reactions such as restlessness, palpitations, nervousness, or rash to the physician.
Many MDIs contain steroids for an anti-inflammatory effect. Prolonged use increases the risk of fungal infections in the mouth, indicating a need for attentive mouth care.

If two inhalers are to be used, the bronchodilator medication (which opens the airways) should be given prior to other medications. Bower (2005) recommends the use of the mnemonic B before C to remember bronchodilator before corticosteroid.

Inhaled steroids may not be correctly used by clients because they do not associate these medications with immediate symptom relief. The bronchodilators act to open the airways in the short term. However, it is the inhaled steroids that act as “chemical Band-Aids” to keep airway inflammation under control.