



Medical Directive

Title: **Ear Syringing/Removal of Cerumen**

Assigned Number:

006

Activation Date: **July 1, 2011**

Review due by: **December 1, 2023**

Approval Signature & Date

Medical Director:

Date Reviewed: January 13, 2022

Clinical Services Director:

Date Reviewed: January 13, 2022

Order and/or Delegated Procedure:

Appendix Attached: ☐ Yes ☒ No
Title:

Assessment for, and removal of cerumen (ear wax), by means of ear syringing, by Registered Nurses/ Registered Practical Nurses.

Recipient Patients:

Appendix Attached: ☒ Yes ☐ No
Title:

All active patients of Thames Valley Family Health Team physicians, identified on the Authorizer Approval Form, who require assessment for and removal of cerumen by Registered Nurses/ Registered Practical Nurses.

Authorized Implementers:

Appendix Attached: ☒ Yes ☐ No
Title:

TVFHT Registered Nurses/ Registered Practical Nurses (RN/RPN) *

* The implementing RN/RPN must receive orientation from the Educator with regards to the task. The RN/RPN must sign the Implementer Performance Readiness Form electronically via HR Downloads after successful completion of the orientation (and quiz, if applicable) indicating acceptance of this medical directive.

Indications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Verbal consent must be received from the patient or substitute decision maker for the implementing RN/RPN to assess for and remove cerumen. 2. Patient presents with one or more symptoms consistent with cerumen impaction: <ul style="list-style-type: none"> • Ear pain • Ear itching • Sensation of fullness in ear • Tinnitus • Odor from ear • Non-purulent discharge from ear • Hearing loss 3. Patient confirmed to have cerumen in affected ear on otoscopic examination 4. Ear wax is resulting in hearing loss and application of topical cerumenolytics has been unsuccessful 	
Contraindications: <ol style="list-style-type: none"> 1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive. 2. Uncooperative patient 3. The patient is suspected or confirmed to have any of the following: <ul style="list-style-type: none"> • Otitis externa (now or in past 6 weeks) • Tympanic membrane perforation • Tympanostomy tubes • Foreign body in external ear canal • Significant ear canal narrowing that prevents adequate visualization of ear canal • Any hearing loss (some forms of hearing loss are significant and require assessment by physician and/or nurse practitioner) 4. The patient has a past history of any of the following: <ul style="list-style-type: none"> • Tympanic membrane perforation • Intolerance or injury from previous syringe irritation or wax removal • Radiation therapy to the external/middle ear, base of skull, or mastoid • Ear surgery • Cleft palate regardless of repair 5. Patient has not tried cerumenolytics at home. 	
Consent:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. The patients of Thames Valley Family Health Team family physicians. 2. RN/RPN obtains verbal consent prior to the implementation of care. 	

**Guidelines for Implementing the Order/
Procedure:**

Appendix Attached: ☐ Yes ☒ No
Title:

1. Obtain a full history, asking about ear pain, discharge, infections, dizziness, deafness, previous childhood ear problems, ear surgery, and E.N.T. problems, and previous use of softening agents and effects of any previous ear syringing experiences.
2. Identify if the patient may be at increased risk of post-irrigation otitis externa – a history of diabetes or immunocompromisation
3. Inspect ear pinna for lesions or discharge.
4. Gently move auricle up and down to check for tenderness.
5. Press behind and around ear to check for tenderness.
6. Carefully examine the ear canal using the otoscope and by pulling the pinna upwards and backwards to straighten the canal. Do not proceed if signs of redness, perforation, infection, or pain are present.
7. Check if patient has previously used a softening agent such as olive/mineral oil for at least 3 days prior to syringing appointment-this step is often effective. If not, can consider pre-treatment 15 minutes before irrigation with tap water or saline to improve efficacy of irrigation (Place the patient in the supine position with the affected ear up, instill the tap water or saline, and wait at least 15 minutes before irrigation)
8. The patient should be in a sitting position, draped and holding a basin under the ear.
9. Fill the syringe with warm body temperature water (water that is too hot or too cool can affect the semicircular canals and cause nausea, vomiting and vertigo).
10. Expel air from the syringe.
11. Put traction on the pinna to straighten the canal-up and backward direction.
12. The tip of the syringe should be placed in the external canal only – fill the canal gently with warm water before actual syringing.
13. Advise patient to notify you immediately if experiencing pain, dizziness, or nausea.
14. Aim the water jet at the superio-posterior part of the ear canal above the impaction, not directly at the tympanic membrane. Do not press too forcibly. Abandon procedure in the presence of significant pain or bleeding.
15. After 1 full application of water, examine the canal and check for effectiveness and the patient for signs or symptoms of complications.
16. No more than 5 applications should be attempted.
17. After removal of cerumen, inspect the tympanic membrane for any old, healed perforations, and the canal for trauma or infection.
18. If attempt at syringing was not effective in cerumen removal, have the patient resume instillation of ceruminolytics (e.g., docusate sodium, mineral oil, Cerumenex, 5% sodium bicarbonate solutions) into ears and return to office for reassessment.
19. Discuss the causes of wax build up, the natural cleaning process of ears and good ear hygiene.
20. If patient was identified at higher risk for post-irrigation otitis externa, recommend instill vinegar at 2 drops twice a day for 3 days. Educate the patient to follow-up if increasing ear pain or abnormal discharge 2 to 3 days post-irrigation
21. Document patient response in the patient record according to standard documentation process.

[Schwartz SR et al. Clinical Practice Guideline \(Update\): Earwax \(Cerumen Impaction\). Otolaryngol Head Neck Surg Riviello RJ. Otolaryngologic Procedures. Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, Chapter 63, 1338-1383.e2. \(Accessed via ClinicalKey on Sep 26, 2020\)](#)

* DynaMed.. Cerumen Impaction. Ipswich, MA: EBSCO Information Services. Retrieved Sept 26, 2020, from <https://www.dynamed.com/condition/cerumen-impaction/about>

Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician. 2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice. * <p>* <i>Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.</i> <i>College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</i></p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing disciplines, before necessary changes are made. 3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing disciplines. 	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Authorizer Approval Form	