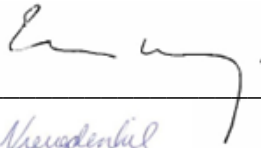





## Medical Directive

<b>Title:</b>	<b>Ear Flushing/Removal of Cerumen</b>	<b>Assigned Number:</b>	<b>006</b>
<b>Activation Date:</b>	<b>July 1, 2011</b>	<b>Review due by:</b>	<b>December 1, 2025</b>
<b>Approval Signature &amp; Date</b>			
Medical Director:		Date Reviewed:	Feb 23, 2024
Clinical Services Director:		Date Reviewed:	Feb 23, 2024
<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>		
Assessment for, and removal of cerumen (ear wax), by means of ear syringing, by Registered Nurses/ Registered Practical Nurses.			
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>		
All active patients of Thames Valley Family Health Team who require assessment for and removal of cerumen by Registered Nurses/ Registered Practical Nurses.			
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>		
Thames Valley Family Health Team Registered Nurses, and Registered Practical Nurses (RN/RPN)* herein referred to as implementer.			
<p>* The implementer must receive orientation from the Educator with regards to the task. The implementer must have completed orientation and educational requirements of the Ear Flushing medical directive. The implementer 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</p>			

<b>Indications:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. Verbal consent must be received from the patient or substitute decision maker for the implementing implementer to assess for and remove cerumen.</li> <li>2. Patient presents with one or more symptoms consistent with cerumen impaction: <ul style="list-style-type: none"> <li>• Ear pain</li> <li>• Ear itching</li> <li>• Sensation of fullness in ear</li> <li>• Tinnitus</li> <li>• Odor from ear</li> <li>• Non-purulent discharge from ear</li> <li>• Hearing loss</li> </ul> </li> <li>3. Patient confirmed to have cerumen in affected ear on otoscopic examination</li> <li>4. Ear wax is resulting in hearing loss, application of topical cerumenolytics has been unsuccessful, or cerumen needs to be removed to deal with another condition (e.g. audiologist testing).</li> </ol>	

<b>Contraindications:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive.</li> <li>2. Uncooperative patient</li> <li>3. The patient is suspected or confirmed to have of any of the following: <ul style="list-style-type: none"> <li>• Otitis externa (now or in past 6 weeks)</li> <li>• Tympanic membrane perforation</li> <li>• Tympanostomy tubes</li> <li>• Foreign body in ear canal</li> <li>• Opening into the mastoid</li> <li>• Significant ear canal narrowing that prevents adequate visualization of ear canal</li> <li>• <u>Sudden</u> hearing loss over last 72 hours (some forms of hearing loss are significant and require assessment by physician and/or nurse practitioner; the concern here is sudden sensorineural hearing loss)</li> </ul> </li> <li>4. The patient has a past history of any of the following: <ul style="list-style-type: none"> <li>• Tympanic membrane perforation</li> <li>• Intolerance or injury from previous syringe irritation or wax removal</li> <li>• Radiation therapy to the external/middle ear, base of skull, or mastoid</li> <li>• Ear surgery</li> <li>• Cleft palate regardless of repair</li> </ul> </li> <li>5. Patient has not tried cerumenolytics at home.</li> </ol>	

<b>Consent:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. The patients of Thames Valley Family Health Team.</li> <li>2. The implementer obtains verbal consent prior to the implementation of care.</li> </ol>	

**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 Ear/Nose/Throat (E.N.T.) problems, and previous use of softening agents and effects of any previous ear flushing experiences.
2. Identify if the patient may be at increased risk of post-irrigation otitis externa – a history of diabetes or immunocompromising conditions.
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 is present. Consult with physician and/or nurse practitioner if any of these signs are present.
7. Check if patient has previously used a softening agent such as olive/mineral oil for at least 3 days prior to ear flushing 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 flushing instrument (e.g. spray bottle with disposable tip such as OtoClear, large (30-60mL) 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 flushing instrument.
11. Put traction on the pinna to straighten the canal-up and backward direction.
12. The tip of the instrument should be placed in the external canal only – fill the canal gently with warm water before actual flushing.
13. Advise the patient to notify you immediately if they are experiencing pain, dizziness, or nausea.
14. Aim the water at the superio-posterior part of the ear canal above the impaction, not directly at the tympanic membrane. Do not flush too forcibly. Abandon the procedure in the presence of significant pain or bleeding.
15. After one (1) full application of water (e.g. one full bottle if using spray bottle, one full container of water if using syringe), examine the canal and check for effectiveness and the patient for signs or symptoms of complications. Examine earlier if indicated.
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 the attempt at flushing was not effective in cerumen removal, have the patient resume instillation of cerumenolytics (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 (e.g. diabetes, immunocompromising conditions, or repeated previous post-irrigation otitis externa), recommend instilling 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.
22. Ensure all equipment is cleaned/sanitized/reprocessed according to manufacturer instructions.

- \* [Schwartz SR et al. Clinical Practice Guideline \(Update\): Earwax \(Cerumen Impaction\). Otolaryngol Head Neck Surg](#) (Accessed on Nov. 2, 2023).
- \* Riviello RJ. Otolaryngologic Procedures. Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, Chapter 63, 1338-1383.e2. (Accessed via ClinicalKey on Oct. 5, 2023)
- \* DynaMed. Cerumen Impaction. Ipswich, MA: EBSCO Information Services. Retrieved Oct. 5, 2023, from <https://www.dynamed.com/condition/cerumen-impaction/about>

<b>Documentation and Communication:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. Documentation in the patient’s medical record needs to include the name and number of the directive, name of the implementer (including credential), and name of the authorizer.</li> <li>2. Information regarding implementation of the procedure and the patient’s response should be documented in accordance with standard documentation practice. *</li> </ol> <p>* Potter, P.A. &amp; Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. * College of Nurses of Ontario (2008). CNO Practice Standard: Documentation</p>	
<b>Review and Quality Monitoring Guidelines:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
<ol style="list-style-type: none"> <li>1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted.</li> <li>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.</li> <li>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 TVFHT member of the implementing disciplines.</li> </ol>	
<b>Approving Physician(s)/Authorizer(s):</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Title:</b>
Authorizer Approval Form signed in HR Downloads.	