Thames Valley
Family Health Team

Medical Directive

Ear Flushing	**Assigned Number: 006**
Activation Date: July 1, 2011	**Review due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Perform ear flushing/irrigation to remove cerumen impaction when clinically indicated.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley Family Health Team Registered Nurses and Registered Practical Nurses (RN/RPN).

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill, and judgment to safely enact the medical directive.

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Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Patient presents with one or more symptoms suggestive of cerumen impaction:
   - Ear itching
   - Sensation of fullness or blockage in the ear
   - Tinnitus (ringing in the ear)
   - Odour from the ear
   - Non-purulent discharge from the ear
   - Decreased hearing or hearing loss
2. Cerumen impaction is confirmed on otoscopic examination.
3. If one or more of the following criteria are met:
   - Topical cerumenolytics have been attempted and were ineffective OR
   - Immediate removal is necessary to diagnose or treat other underlying ear conditions (like infections or eardrum issues) OR
   - There is presence of decreased hearing or hearing loss

Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Patient unable to cooperate with the procedure safely (e.g., due to age or cognitive impairment).
2. Clinical conditions (suspected or confirmed):
   - Otitis externa (current or within the past 6 weeks)
   - Tympanic membrane perforation
   - Presence of tympanostomy tubes
   - Foreign body in ear canal
   - Opening into the mastoid
   - Significant narrowing of the ear canal that prevents adequate visualization
3. Sudden hearing loss within the past 72 hours (e.g., potential sensorineural hearing loss requiring urgent medical assessment).
4. Relevant history:
   - Previous tympanic membrane perforation
   - History of adverse reaction or injury from prior irrigation or cerumen removal
   - History of radiation therapy involving the external/middle ear, base of skull, or mastoid
   - History of ear surgery
   - Cleft palate (regardless of repair)

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.

Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Obtain relevant history: ear pain, discharge, infections, hearing changes, prior ear surgery, ENT conditions, and use/effect of cerumenolytics.
2. Perform focused ear assessment, including inspection and otoscopy. Do not proceed with ear flushing if infection, inflammation, suspected tympanic membrane perforation, or pain on manipulation is present. Consult with physician or nurse practitioner if any of these signs are present.
3. Perform gentle ear flushing/irrigation with warm water. Instruct patient to report pain, dizziness, or nausea immediately.
   - Pause if significant cerumen is expelled or after one irrigation bottle; reassess patient comfort and effectiveness.
   - Do not exceed five full bottle irrigation attempts.
   - Stop immediately for pain, bleeding, or adverse symptoms.
4. Inspect ear canal and tympanic membrane following ear flushing.
5. If unsuccessful, advise continued cerumenolytics and reassessment in 5–7 days.
6. For high-risk patients (e.g., diabetes, immunocompromised, prior post-irrigation otitis externa), consider vinegar drops: 2 drops twice daily for 3 days.
7. Advise follow-up with primary care provider if experiences increasing pain or abnormal discharge occurs 2–3 days post-irrigation.
8. Provide health teaching regarding normal ear self-cleaning mechanisms, causes of cerumen buildup, and appropriate ear hygiene practices.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**
The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances: 1. The Medical Director identifies a need for change 2. Issues arise related to the directive's use--the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director 3. New information becomes available between scheduled reviews, particularly if it affects outcomes The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.	
Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**
Authorizer Approval Form signed in Citation Canada.	