



## STONEY HEALTH SERVICES POLICY AND PROCEDURES

## EAR IRRIGATION POLICY

**Effective** : Aug. 6, 2015

**Policy No.** :

**Review** : Aug.6, 2018

**Sheet** : 1 of 8

**Revision** :

**Approval**:

**Applies  
To:**

- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

### Related Polices & Procedures :

**1. STANDARD:** Only authorised SHS Nursing personnel (RNs and LPNs) can perform ear irrigation using only the “Elephant Ear Washer system” (in the home and in the Clinic,) within the scope of their practice, and based upon a nursing assessment of the situation. This implies that Nurses shall complete a thorough nursing assessment of the client before irrigating, shall be fully accountable for outcomes related to the irrigation, shall be properly oriented/trained and shall be fully supported as needed by the organization for ear irrigations (i.e. mentorship for new RNs; access to physicians when the nursing assessment contraindicates ear irrigation etc.)

**NB: The syringe system for ear irrigation shall no longer be used as SHs by any personnel or contractors.**

The following inclusion and exclusion criteria apply:

- **Inclusion Criteria:** To cleanse the outer ear canal of discharge, to soften and remove impacted cerumen, to dislodge a foreign object or when vision of the tympanic membrane is otherwise restricted preventing examination of the client for all adults and children (*from the age of 2 years*) not otherwise subject to contraindications as listed below.
- **Exclusion Criteria:** Newborns and children under the age of 2 years; all conditions listed in “Contraindications”, or specific request by the physician.

**2. POLICY:** Authorized SHS Nursing personnel shall perform ear irrigations for adults and children according to the following procedure.

**3. RATIONALE:** Ear wax is also known as cerumen and it helps to keep ears healthy. It is anti fungal and anti-bacterial. Some people feel that they should have their ears cleared regularly, but there is usually no need for ear wax to be cleared. The external ear canal keeps itself clean using a natural process involving ear wax. It takes about two weeks for skin to move outwards from the eardrum to the external ear. This process goes on all the time and means that the ear canal is continually developing a new lining. Occasionally wax can build up in the auditory canal and cause a blockage.

Ear irrigation should only be considered when other conservative methods of wax removal have failed (e.g. use of softeners.) Clients requiring ear irrigation should always receive education and advice which may reduce contributory factors and therefore the need for ear irrigation. Ear irrigation is undertaken for the purpose of removing wax from the external auditory meatus where this is thought to be causing a hearing deficit and or discomfort.

See Appendix I for images of the anatomy of the outer and inner ear (Fig. 2), cerumen build-up in the ear (Fig. 3), foreign body in the ear (Fig. 4), and infection in the ear with fluid build-up (Fig. 5).



## STONEY HEALTH SERVICES POLICY AND PROCEDURES

## EAR IRRIGATION POLICY

**Effective** : Aug. 6, 2015

**Policy No.** :

**Review** : Aug.6, 2018

**Sheet** : 2 of 8

**Revision** :

**Approval:**

**Applies  
To:**

- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

### Related Polices & Procedures :

#### 4. CONTRAINDICATIONS : Performing ear irrigation is contraindicated if the client :

- is non-compliant;
- has experienced complications following this procedure in the past;
- has a history of middle ear infection/mucous discharge in the last six weeks;
- has undergone ANY form of ear surgery (apart from Grommets that have extruded at least 18 months previously);
- has been discharged from the ENT Department of a hospital;
- has a perforation or there is a history of a mucus discharge in the last year;
- has a cleft palate (repaired or not);
- is experiencing acute otitis externa with pain and tenderness of the pinna;
- has a cold, fever, ear infection or a suspected/unknown injury or rupture of the tympanic membrane;
- has a vegetable foreign body such as pea, bean, or corn kernel? (*NB: These vegetables absorb moisture, causing them to swell.*)

**5. COMPLICATIONS:** Forceful instillation of the solution can rupture the tympanic membrane. If pain or dizziness occurs, stop the procedure and notify the prescriber.

#### 6. CLINICAL ALERTS & SPECIAL CONSIDERATIONS/PRECAUTIONS:

##### a) Clinical Alert :

- Check the tympanic membrane for bulging, perforation, and color change before irrigating. The eardrum is normally shiny, light pearly gray and translucent. A blue, yellow, amber, red, or pink eardrum indicates disease or infection.
- A continued bulge in the eardrum indicates possible pus or fluid in the middle ear. DO NOT IRRIGATE & report to the physician.
- If a hole or tear is noted when viewing the eardrum, DO NOT IRRIGATE as this would cause pain and possibly transmit serious infection to the middle ear. Report to the physician.

##### b) Special Considerations/Precautions :

- Wear Personal Protective Equipment throughout the procedure.
- Maintain asepsis throughout the procedure.
- Warm sterile tap water to body temperature (37 C or 98.6 F).
- Never use more than 500 ml of irrigating solution.
- Irrigation should never cause pain.



## STONEY HEALTH SERVICES POLICY AND PROCEDURES

## EAR IRRIGATION POLICY

**Effective** : Aug. 6, 2015

**Policy No.** :

**Review** : Aug. 6, 2018

**Sheet** : 3 of 8

**Revision** :

**Approval**:

**Applies To:**

- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

### Related Polices & Procedures :

- Avoid dropping or squirting irrigating solution on the ear drum.
- Always use a clean speculum and jet tip applicator for each client.

### 7. EQUIPMENT:

- Warm tap water (body temperature: 37 C or 98.6 F), per the “Elephant Ear” directions. (*NB: The manufacturer recommends warm tap water and hydrogen peroxide, but best wound care practice does not condone hydrogen peroxide.*)
- Curved emesis basin
- Elephant Ear Washer and “Elephant Ear Washer single-use tips (See Fig.1).
- Otoscope
- Protective glasses/goggles
- Sterile gauze pads
- Cotton-tipped applicator
- Gloves
- Waterproof pad



Fig. 1: Elephant Ear Washer & Single-Use Disposable Tips

### 8. PROCEDURE:

- a. **Check the physician's prescription.**
- b. **Confirm client's identity** using 2 client identifiers & **obtain his/her informed consent.** *This consent must be documented in the client notes.*
- c. **Explain procedure to the client** to ease his/her anxiety and facilitate cooperation.
- d. **Wash hands and put on clean gloves.**
- e. **Set up equipment.**
- f. **Position client sitting or lying with the head tilted toward the affected ear.** Protect the bed with a waterproof pad. Give the client a towel to hold against his/her affected ear to catch any excess solution. *NB: both the practitioner and the patient should be seated comfortably at the same level if possible.*
- g. **Examine the outer auditory meatus and adjacent scalp.** Check for previous surgery incision scars, infection, discharge, swelling and signs of skin lesions or defects. Decide the most appropriate size of speculum that will fit comfortable in the ear and place it on the otoscope.



## STONEY HEALTH SERVICES POLICY AND PROCEDURES

## EAR IRRIGATION POLICY

**Effective :** Aug. 6, 2015

**Policy No. :**

**Review :** Aug. 6, 2018

**Sheet :** 4 of 8

**Revision :**

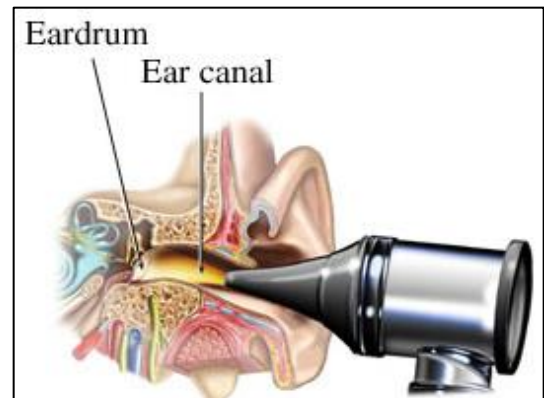
**Approval:**

**Applies To:**

- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

### Related Polices & Procedures :

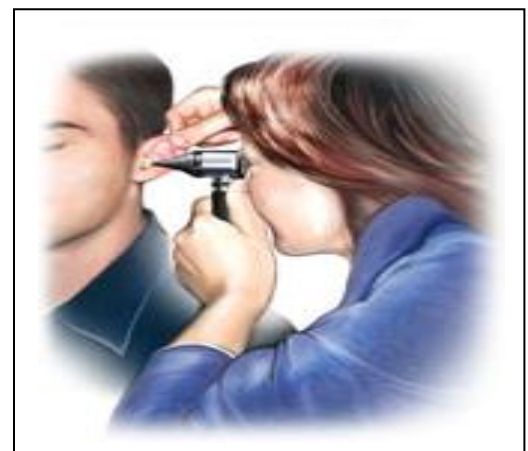
- h. **Place the curved emesis basin just below the ear on affected side** to receive irrigating solution. If the client is sitting up, ask him/ her to support the basin.
- i. **Clean the pinna and the meatus at the auditory canal** as necessary with the normal saline or the irrigating solution to avoid having materials lodged therein washed into the ear.
- j. **Using an otoscope, observe the external ear canal and the tympanic membrane for abnormalities (See Figs. 6 & 7).** Insert the speculum gently into the meatus to pass through the hairs at the entrance to the auditory canal. Then, using gentle movement of the otoscope and the client's head, examine the walls of the canal which are sensitive and fragile. Use the light to observe the direction of the ear canal and the tympanic membrane. ***NB:** There is improved visualisation of the eardrum by using the left hand for the left ear and the right hand for the right ear, if possible and comfortable.*



**Fig. 6 : Correct Position of Otoscope in Ear**

### Identify:

- If the eardrum is normal or if there is the presence of infection;
- Wax in the canal. This can range from black or dark brown and solid to yellow and sticky to white and flaky. However white and flaky debris may be due to excess keratin signifying an external ear infection;
- Foreign bodies;
- Inflammation in the canal. The canal could be red, swollen and tender, or pale and moist;
- the presence of odour and/or discharge which may be creamy or have the appearance of mucous;
- Other visible abnormalities



**Fig 7 : Correct Position for Observing External Ear Canal & Tympanic Membrane For Abnormalities**


**Effective** : Aug. 6, 2015

**Policy No.** :

**Review** : Aug. 6, 2018

**Sheet** : 5 of 8

**Revision** :

**Approval**:

**Applies  
To:**

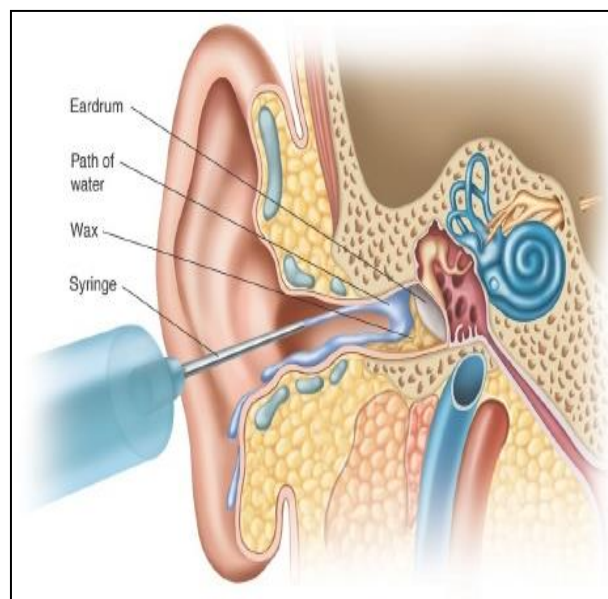
- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

**Related Polices & Procedures :**

- k. **Fill the “Elephant Ear Washer” with warm tap water. (NB: Test the temperature of the solution by allowing a small amount of the fluid to run on the inner aspect of the wrist)**
- l. **Install a tip before using. DO NOT PULL Tip off end, make sure to UNSCREW after each use.**
- m. **Before beginning the irrigation, straighten the auditory canal.** Gently pull the pinna of the affected ear down and back for an infant and up and back for an adult to allow the solution to reach all areas of the ears easily. *NB: Localised infection or inflammation will cause this procedure to be painful, if this is present DO NOT continue.*

- n. **Using the Elephant Ear washer, direct a steady, slow stream of solution against the roof of the auditory canal to prevent injury to the tympanic membrane. See Fig. 7**

- Always start with two short applications of water to determine if the client is sensing water in the nose or throat, which signifies a perforated tympanic membrane. If this occurs, DO NOT IRRIGATE. Terminate the procedure and advise the physician
- Use only sufficient force to remove secretions. Continuous in-and-out flow of the irrigating solution helps prevent pressure in the canal.
- *NB: Ensure that the tip end is not inserted too into the ear canal as to avoid injury to the tympanic membrane.*
- *NB: If flow of fluid is impeded due to the bending or plugging of tip end, back pressure may cause the nozzle/tubing to separate from the barbed end of fitting*


**Fig. 7: Irrigating the Auditory Canal**

- o. **Periodically inspect the ear canal with the otoscope and the solution running into the basin.**
- p. **Ask the client to tip his head to the affected side o let the irrigation fluid run out.**



## STONEY HEALTH SERVICES POLICY AND PROCEDURES

## EAR IRRIGATION POLICY

**Effective** : Aug. 6, 2015

**Policy No.** :

**Review** : Aug.6, 2018

**Sheet** : 6 of 8

**Revision** :

**Approval:**

**Applies  
To:**

- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

### Related Polices & Procedures :

- q. **After removal of ear wax or debris dry any excess water from the meatus** since stagnation of water and any abrasions of the skin during the procedure can predispose to infection.
- r. **When the irrigation is completed, place a cotton ball loosely in the auditory meatus.** Have the client lie on the side of the affected ear on the absorbent pad for 10-15 minutes to allow any remaining solution in the canal to escape from the ear.
- s. **Inspect the tympanic membrane and meatus of the affected ear affected ear again** for discharge, foreign bodies and/ or trauma. Refer to the physician if there is severe inflammation or trauma that was not previously present.
- t. Disinfect the exterior of the blue nozzle/tube of the Elephant Ear washer by wiping off with diluted (approved) such as "Cavicide" disinfectant solution. Disinfect the container itself with the same solution by spraying through the trigger mechanism. DO NOT AUTOCLAVE
- u. **Discard disposable equipment in appropriate area.**
- v. **Remove gloves and wash hands.**
- w. **Do patient teaching :**
  - Explain to the client that some drainage may continue
  - Advise the client not to put q-tips in ear.
  - Explain signs and symptoms to report (i.e. deafness, pain/discomfort, drainage etc.).
  - Reinforce good hand hygiene.
- x. **Document the irrigation including the following:**
  - the date and type of irrigation ;
  - what is seen in both ears;
  - which ear was irrigated;
  - the volume and type of the irrigation solution;
  - the appearance of the return flow
  - type of foreign body seen, removed and/or irrigated
  - the client's response
  - Client teaching provided and any follow-ups required.



## STONEY HEALTH SERVICES POLICY AND PROCEDURES

## EAR IRRIGATION POLICY

**Effective** : Aug. 6, 2015

**Policy No.** :

**Review** : Aug.6, 2018

**Sheet** : 7 of 8

**Revision** :

**Approval:**

**Applies  
To:**

- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

**Related Polices & Procedures :**

### 9. REFERENCES

- CARNA (2005) Health Professionals Act: Standards for Registered Nurses in the Performance of Restricted Activities.
- CLPNA (2005) Competency Profile for Licensed Practical Nurses, HPA Authorization to Perform Ear Syringing.
- Lippincott & Williams (2008) Nurses' 5-minute Clinical Consult : Procedures
- HSC Northern Health and Social Care Trust (2010 ) Ear Irrigation Guidelines for Community Nursing; [http://www.northerntrust.hscni.net/pdf/Ear\\_Irrigation\\_Guidelines\\_for\\_Community\\_Nursing\\_12.504.pdf](http://www.northerntrust.hscni.net/pdf/Ear_Irrigation_Guidelines_for_Community_Nursing_12.504.pdf)
- Nursing-Nurse.com : Your Online Health and Nursing Guide and Reference : Ear Irrigation
- Nurinsgcrib.com : Ear Irrigation
- Dougherty, L. & Lister ,S. )2015 (The Royal Marsden Manual of Clinical Nursing Procedures :Ear Irrigation

### 8. RESPONSIBILITIES:

- Chief Medical Officer: Responsible for approval of this policy.
- Manager of Nursing: Responsible for dissemination, review, monitoring and compliance with this policy.
- All authorised nursing personnel: Responsible for complying with this policy.

### 8. DEVELOPED BY:

D. Richter Manager of Nursing & A. Malimban Homecare Coordinator

Date: \_\_\_\_\_

### 9. APPROVALS:

\_\_\_\_\_  
Dr. A. Kirk  
Chief Medical Officer

\_\_\_\_\_  
Date





**Effective :** Aug. 6, 2015

**Policy No. :**

**Review :** Aug. 6, 2018

**Sheet :** 8 of 8

**Revision :**

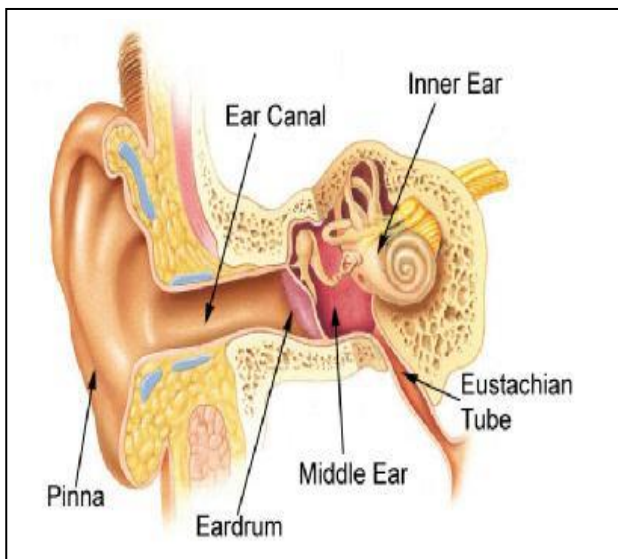
**Approval:**

**Applies To:**

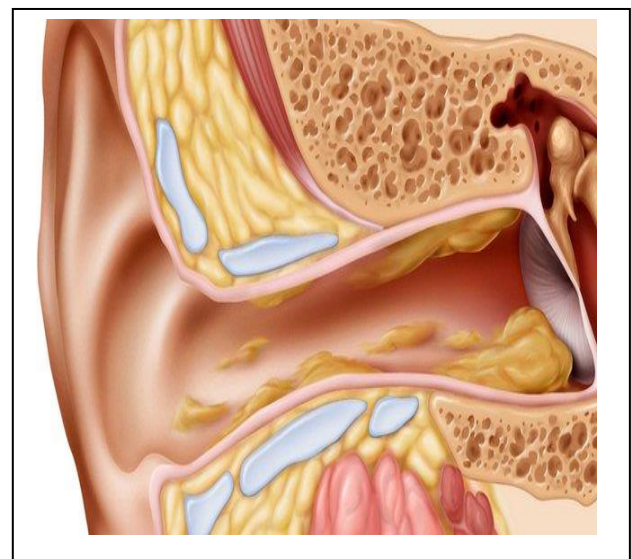
- Governance
- Leadership & Operations
- Programs & Services
- Client, Family & Community

**Related Polices & Procedures :**

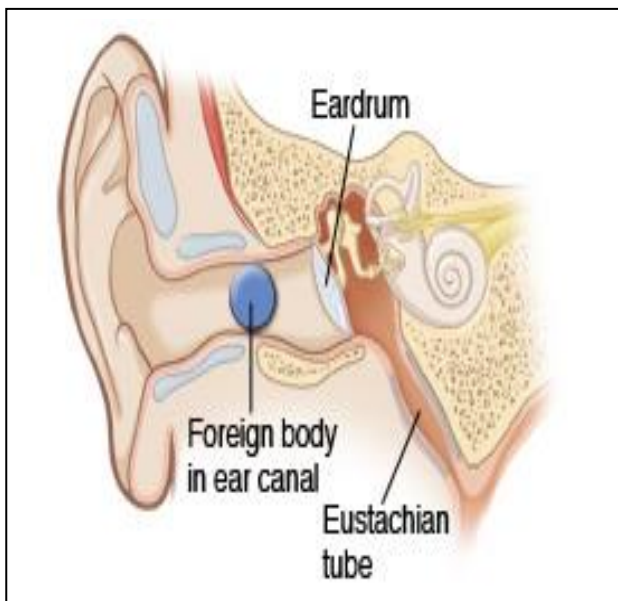
**Appendix I : ANATOMY OF INNER AND OUTER EAR , CERUMIN & FOREIGN BODY IN EAR**



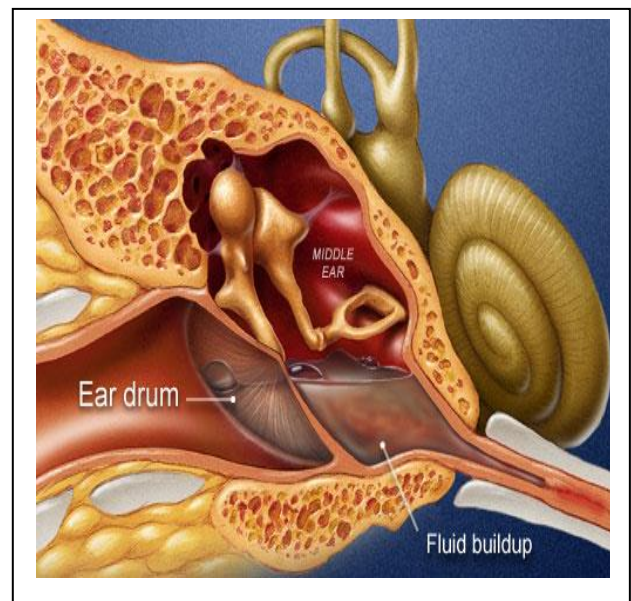
**Fig. 2: Anatomy of the Outer and Inner Ear**



**Fig. 3: Cerumen Build-Up in the Ear**



**Fig. 4 : Foreign Body in the Ear**



**Fig. 5: Infection in the Ear with Fluid Build-Up**