

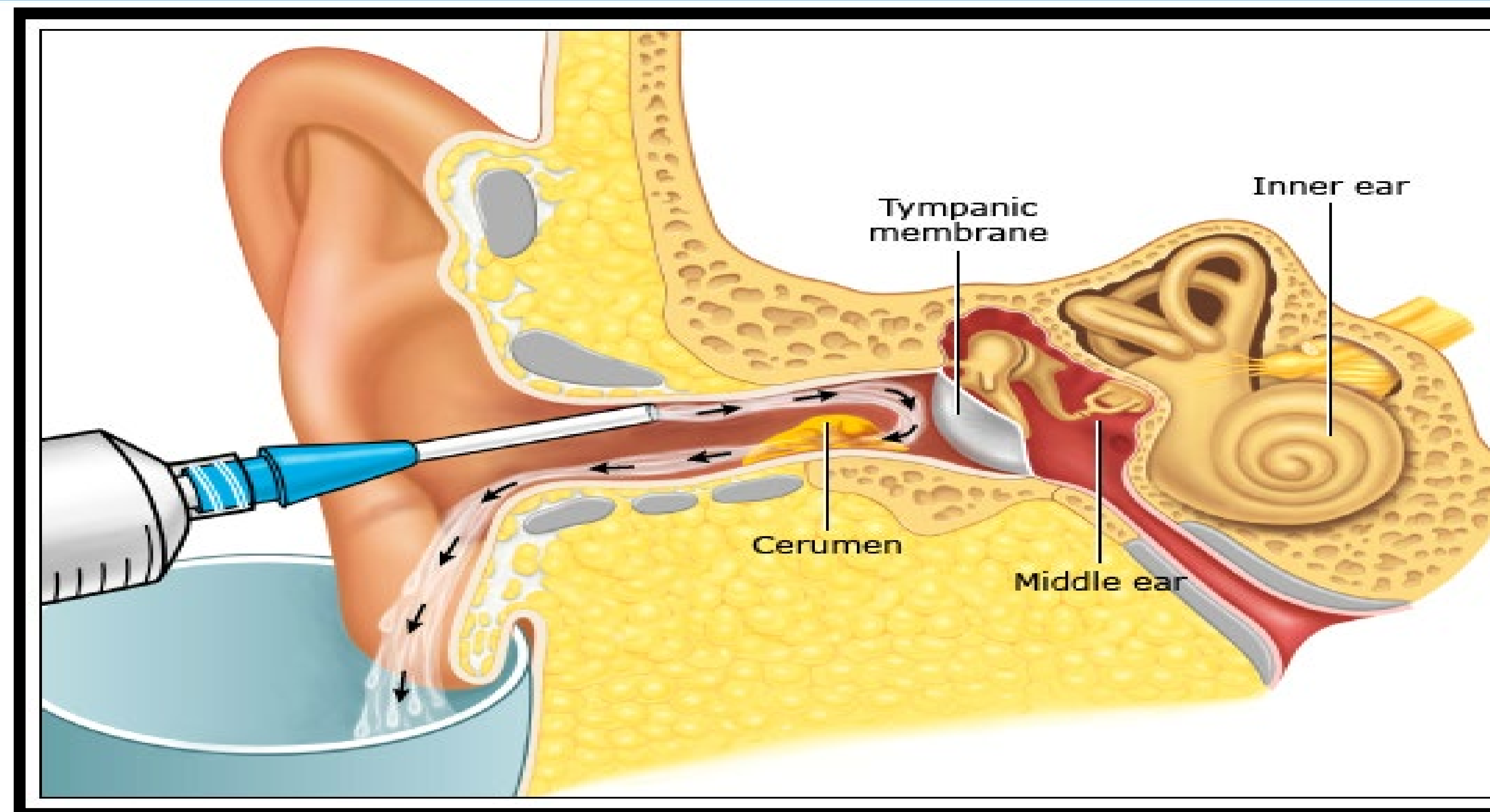
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BACKGROUND

- Ear irrigation to remove impacted cerumen is a widely used procedure in the ambulatory care setting. In the quick care, it is found that approximately 10-15 patients are seen monthly for ear wax removal majority of which are adult men and less than a third are women.
- If performed incorrectly, ear irrigation can lead to adverse events such as pain, vertigo, ear infection and tympanic membrane perforation (Swartz, et al. 2017).
- A well defined set of evidenced based guidelines is crucial to provide clear directives for nurses who engaged in ear irrigation. This approach will guarantee provision of secure and efficient procedure for all.

PURPOSE

This study serves as an opportunity for knowledge enhancement for all staff who engages in the practice of ear irrigation on a regular basis. The information yielded in this study are recommended guidelines aimed at quality improvement to promote patient safety and high-quality care.



METHODS

- Pre treat the ear with 2-4 drops of warm water and wait 15 mins for cerumen to soften.
- The use of large syringe made of plastic is the most commonly employed method in general practice. The “Otoclear” safe system was found to be the safest and most effective for children (Swartz et al, 2017).
- The water temperature should be between 37.0 and 40.5 degrees C (98.6-104.9 degrees F) to decrease dizziness and caloric response.
- Use no more than 500 ml of fluid per ear to prevent potential for irritation, edema and perforation.
- Point the syringe tip superiorly and posteriorly towards the upper back of canal wall. Making sure the catheter doesn’t extend further than the cartilage/bone junction of external ear.
- Use a gentle squirting motion to help prevent tympanic membrane injury.
- Know when to stop irrigating. If the patient complains of pain, dizziness or tinnitus, notify the healthcare provider for further intervention or referral to otolaryngologist.
- Documentation after procedure include but not limited to, Amount and characteristic of cerumen removed, observation of the ear canal before and after irrigation, and any unusual items irrigated in the canal (Hayter, K.2016 p. 63-64).

RESULTS

- A successful removal of cerumen provides immediate relief of ear fullness, pain, imbalance sensation and decreased hearing provided there is no underlying otological issues involved.
- Allows for easy visualization of the tympanic membrane for diagnostic assessment.
- Reduces risk for patient harm.

CONCLUSIONS

- A set of standardized guidelines for performing ear irrigation will help prevent and mitigate potential injuries or trauma to the tympanic membrane.
- Equipping nurses with evidence based directives not only enhances staff confidence but will also alleviate patient apprehension on the safety and efficacy of ear irrigation conducted within the Quick care clinics.

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