Ear Irrigation Protocol for SCC Care Coordinators

**Patient:** The patient presents with suspected cerumen impaction, either due to history of the same, loss of hearing, or sensation that the ear is plugged.

**When:** If the Care Coordinator is trained in ear irrigation, and otoscope exam of the patient’s ear/s confirm cerumen impaction, irrigation may be performed by the Care Coordinator.

**Contraindications / Risks and benefits:**
Do not offer ear irrigation is the patient has suspected or known perforation of the ear drum. An acute perforation can cause bloody drainage. Consult with the medical provider if the patient’s ear is tender, red and/or there is fever or foul smelling discharge from the ear.

Ear irrigation can cause temporary dizziness. An alternative would be for the patient to get a kit at a pharmacy and attempt self-cleaning.

**Procedure:**
- Confirm the diagnosis of cerumen impaction by otoscope exam.
- Clarify that the patient does not have a history of perforated ear drum.
- Set up for ear irrigation with a bowl of body temperature tap water, chux pads to put on the patient’s shoulder, kidney basin to catch the water and ear irrigation set (60 cc syringe and tubing like a butterfly with the needle cut off). Have an ear curette handy.
- Irrigate the ear until clear, assisting with the curette if necessary, anchoring your hand holding the curette by placing your pinkie against the patient’s cheek so your hand moves if the patient’s head moves.
  - If the patient is very uncomfortable, cease irrigation and consult a clinician.
  - If 15 minutes of irrigation is not successful, give the patient debrox drops or recommend hydrogen peroxide rinses half strength and schedule a return for irrigation attempt of the softened wax.
- Remind the patient not to use q-tips in the ear canal ever.
- Remind the patient there are over-the-counter kits for self-cleaning of wax.
- Report the encounter in EPIC.

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