



CLINICAL GUIDELINE

Ear Care and Irrigation Guidelines

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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NHSGG&C has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, gender, sexual orientation, marital status, religious belief or disability.

This policy will apply equally to full and part time employees. All NHSGG&C policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals of different nationalities who require them.

This clinical guideline statement should be read in conjunction with NHSGG&C Guidelines on Infection Control and NHSGG&C Consent Policy.

1. Introduction

The number of patients presenting to GPs, District Nurses and Treatment Rooms requesting irrigation is increasing. Effective ear care can prevent the need for irrigation. Where ear irrigation is necessary, staff require clear guidelines to ensure safety and efficacy of practice.

2. Scope

This guideline applies to all Nurses working within Community Nursing Services in NHS GG&C who are required to undertake ear care and ear irrigation safely and in accordance with local and national policy to reduce the risks associated with this procedure. This document provides guidance for Community Healthcare Staff who provide ear care in the home or other care setting. It covers the removal of cerumen by the instillation of olive oil drops or by irrigation. It does not cover the removal of foreign bodies from the ear, routine ear irrigation on children under the age of 16, aural toilet, microsuction or instrumentation of the ears.

3. Professional Accountability

As a registered practitioner you are accountable for your actions and omissions and must always be able to justify your decision making.

It is the responsibility of each practitioner to ensure competency in ear care and ear irrigation. Patient education and execution of the procedure must be carried out in accordance with the Nursing and Midwifery Council (NMC):

- NMC Code (2015)
- Standards for Medicines Management Policy (2010)
- Standards for Competence for Registered Nurses (2004)

This guidance has been written in conjunction with the following documents:

- NHS Greater Glasgow & Clyde Ear Care and Ear Irrigation, Primary Care Clinical Guideline (2016)
- NHS Quality Improvement Scotland (2006) Best Practice Statement. Ear Care
- BMJ Best Practice – Cerumen Impaction (2017)
- NICE Guidance – Earwax (2016)
- Nursing and Midwifery Council (2015) The Code of Conduct
- Nursing and Midwifery Council (2009) Record Keeping. Guidance for Nurses and Midwives
- Manufacturer's Guidelines for cleaning ear irrigation equipment

4. Criteria

Patients living in the community (aged 16 years or over) experiencing difficulty with excessive build up of ear wax, should be assessed by a GP or suitably trained Health Care Professional and thereafter provided with treatment which may include education, instillation of wax softening agents (such as olive oil) or ear irrigation. Referral to specialist services such as Audiology may be required.

Any changes to the patient's assessment, treatment or condition should be clearly documented and communicated to all those involved in the care of that individual. Staff must ensure the correct consent is gained from the patient in line with NHSGGC consent policy.

5. Roles and Responsibilities

Responsibility for the procedure of Ear Irrigation lies with the Registered Nurse or suitably trained Health Care Professional, either within the patient's home environment or a clinical environment such as the Treatment Room. The Health Care Professional must ensure that they are competent in the following before undertaking the procedure:

Understand and Interpret:

- Ear Assessment processes and documentation
- Ear irrigation process chart
- Patient information
- Consent requirements

Knowledge of:

- Ear Examination and criteria for GP referral / intervention
- Indications and contraindications for ear irrigation
- Correct use of wax softening agents e.g. olive oil
- Patient information about instillation of wax softening agents e.g. olive oil
- Procedure for removing wax using procured ear irrigation equipment
- Equipment used to remove wax from ears
- Patient information about post irrigation ear management
- NHSGG&C Standard Operating Procedures for Cleaning of Near Patient Equipment Disposal of clinical waste as per NHSGG&C Prevention and Control of Infection
- Decontamination of equipment and safe disposal of biological materials
- Comply with the Recording Keeping requirements (NMC Code)

6. Training & Competency Requirements of Registered Nurses or Suitable Trained Healthcare Professional undertaking Ear Care

Requirement	Methods of Meeting Requirement
Registered Nurses and Healthcare Professionals must be appropriately trained in performing ear care interventions. Competency must be sustained and evidenced	Local Protocols
	Training Opportunities
	Certificates / records of achievement following appropriate training

7. Scheduled visits / appointments to undertake ear care / ear irrigation

All patients requiring ear care to remove impacted wax or in preparation for ear irrigation will have a visit scheduled on CNIS or (if independently mobile) will receive an appointment time to attend their local treatment room. Oil based wax softening agents, preferably olive oil, should be administered as follows:

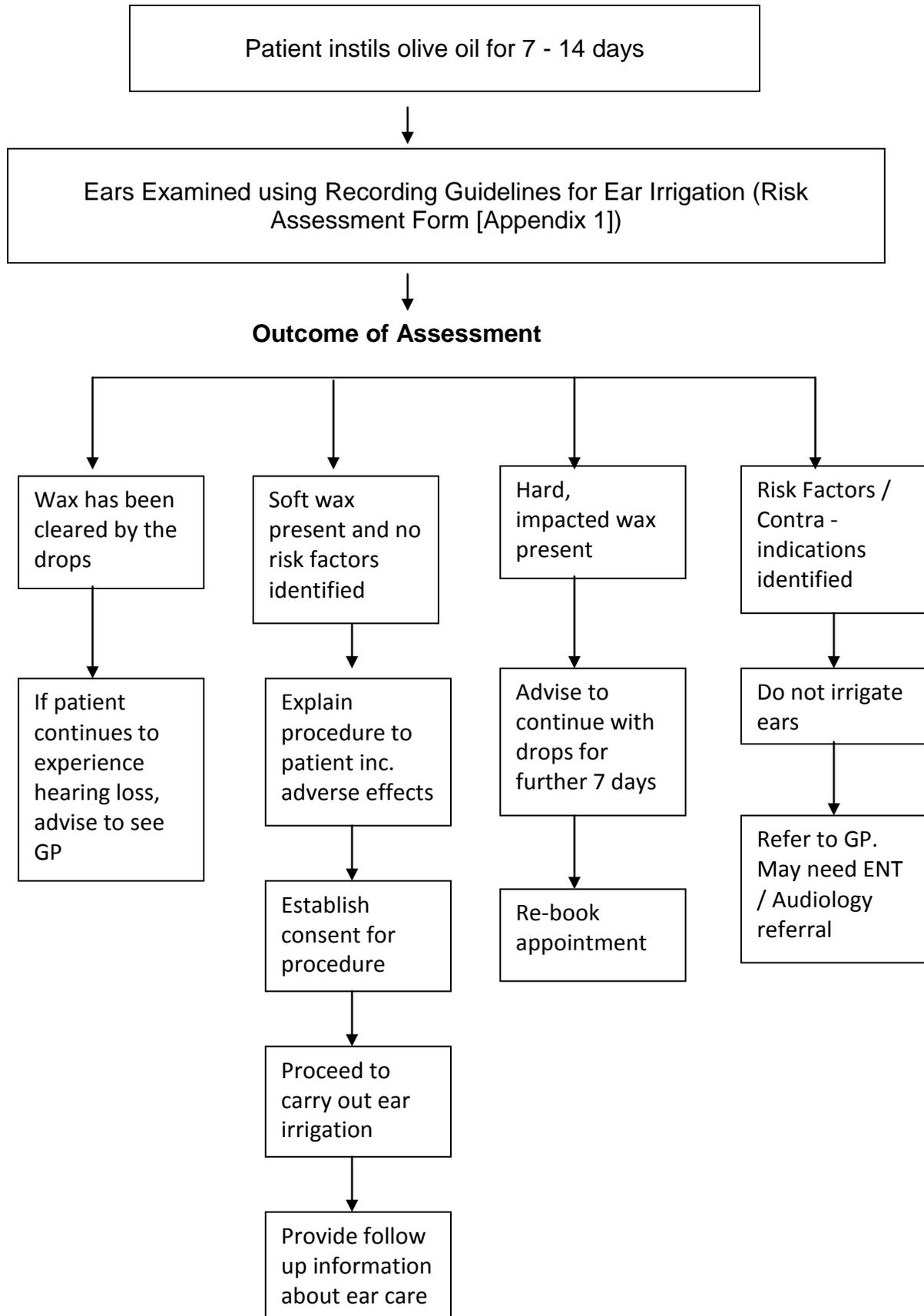
5 – 7 drops three times a day
Oil should be retained within the ear for at least 15 minutes at each instillation
Instillation of olive oil for 7 – 14 days

Should a prescribed wax softening agent be a chemical oil such as Cerumol, the patient must follow prescriber's and manufacturer's instructions and not the recommendations above

8. Process for Assessment and Ear Irrigation

Based upon the Best Practice Statement issued by NHS Quality Improvement Scotland in 2006, NICE Guidelines (2012 & 2016), BNF guidelines and NHS Greater Glasgow & Clyde Ear Care and Ear Irrigation Guideline (2016), the following provides guidance on the main stages of ear assessment, treatment / management. Please refer to the flow chart below prior to considering the procedures required at each stage:

Process for Assessment and Ear Irrigation



9. Procedure: Instillation of Olive Oil

Initial management of earwax is wax softening using olive oil. Literature varies in opinion about the amount, frequency and duration of treatment with ear drops: this Clinical Guideline draws upon best evidence from the most recent literature review.

Should irrigation be the indicated choice of management, patients must be advised to oil ears up until that point.

Patients should be given clear instructions about how to instil ear drops. Patients Information Leaflets are available and could be displayed in Health Centres and Pharmacies, or given to patients by District Nursing Staff.

Patients should be advised that the amount of drops of olive oil will vary between individuals and may be less or more. The patient should stop instilling the olive oil as soon as it begins to run out of the ear. Patients should also be reminded not to place cotton wool or other products into their ear to hold the olive oil in place. Patients should be advised that this will simply absorb the olive oil and pull it away from the impacted wax.

Olive oil can be prescribed by the GP or purchased over the counter. It is available at Minor Ailments Service but only where indicated by the Pharmacist and not based upon a referral from another healthcare professional. The patient should be advised to use a dropper which will be issued by the pharmacist.

Use of ear drops can sometimes dull a patient's hearing and it is useful to inform the patient that this might occur. In either case, the instillation of olive oil is the first course of action: ear irrigation should only be considered if this treatment fails to expel the earwax.

10. Procedure: Examination of the Ear

It is essential to undertake a physical assessment of the ear and take a history.

Requirement	Example
Initial assessment is carried out before a physical examination of the ear. This includes a history of symptoms and of ear care	Suggested questions for inclusion in ear care assessment: <ul style="list-style-type: none">• Have you had ear surgery?• Do you suffer from pain in or around the ear?• Have you experienced previous ear problems?• Have you ever had perforated ear drum/s?• Do you suffer from tinnitus?• Do you suffer from symptoms of dizziness, headache and nausea?• Do your ears itch?• Is there a discharge from the ear?

Requirement	Example
	<ul style="list-style-type: none"> • Do you use cotton buds in your ears? • Do you avoid water getting into your ears? If so, how? • Do you have any allergies? • Have you any underlying skin complaints? • Do you swim? If so, how frequently?
Physical examination of the ear takes place in accordance with local protocols and good practice	<p>Prior to ear examination, standard infection control precautions should be used including hand hygiene (before and after the procedure), the use of gloves and protective clothing when handling instruments and equipment.</p> <p>The steps listed below should be followed when carrying out physical examination:</p> <ul style="list-style-type: none"> • Ensure the patient is sitting comfortably • Ensure the healthcare worker is sitting at the same level as the patient • Ensure the light is good • Conduct a physical examination of both ears including pinna, ear canal and adjacent scalp (look for scars, discharge, swelling, skin lesions or defects) • Undertake the auriscope examination using the largest speculum that fits comfortably in the ear canal • The Nurse should adjust their head and the auriscope to view all of the tympanic membrane: if the view is hampered by cerumen consider the guidance included in the next section about management of cerumen.

During the process of ear irrigation, if any adverse symptoms arise, such as pain or vertigo, the procedure should be discontinued immediately, the ear should be examined and where required, referral made to the GP.

11. Procedure: Ear Irrigation

Only a suitably trained practitioner should undertake this procedure. Ear irrigation is directed at the external part of the ear but it is essential that the health of the whole organ is taken into account when assessing the indications and contraindications for irrigation. Ear irrigation should only be carried out when:

1. The history and examination reveal no current contraindications

2. The patient has used olive oil drops for the recommended period of time
3. The health practitioner is satisfied that the clinical signs would suggest that only wax is occluding an otherwise healthy ear drum
4. The wax is soft enough to be removed easily by irrigation

Ear Irrigation should **not** be carried out when:

1. The patient has had an untoward experience in the past, following ear irrigation
2. The patient has undergone any form of ear surgery (apart from grommets that have been out for an 18 month period and, the patient has been discharged from the Ear, Nose and Throat Department)
3. The patient has had a mucoid discharge in the last year
4. The patient has a mastoid cavity
5. The patient has a cleft palate (repaired or not)
6. Recent or current middle ear infections (the tympanic membrane may be under pressure from mucous or pus – irrigation would cause pain and risk perforating the membrane)
7. Grommets are in place
8. Patient with history of perforation
9. The patient is unable to sit still for the procedure

Caution should be exercised in patients who only have hearing in one ear and are presenting with earwax impaction in the functional ear.

12. Process of Ear Irrigation (including management of equipment)

The area where the procedure is being carried out should be assessed to ensure privacy and safety of patient, public and staff. Good hand hygiene and management of equipment protocols must be followed at all times.

Equipment Required
Auriscope
Head mirror and light or headlight
Ear Irrigation machine
Lotion Thermometer
Jug containing tap water to 38 degrees (no more than 40 degrees)
Noots trough / receiver
Tissues and receivers for used equipment
Non slip mat
Waterproof cape
Towel
Apron
Gloves

The stages and rationale are listed below:

Stages
Take a relevant clinical history and perform an ear examination
Obtain informed consent from the patient
Prepare equipment as per local guidelines and manufacturer's instructions. This will include a fresh speculum and jet tip for each patient. Protect the patient's clothing with a towel or waterproof covering. Ask the patient to hold the water receiver under their affected ear
Ensure the patient is sitting comfortably and that the Registered Nurse or Healthcare Professional is sitting at the same level as the patient. Use a good light source e.g. from a head lamp or a head mirror throughout the procedure
Ensure the temperature of the water is around body temperature throughout the procedure and does not exceed 40 degrees Centigrade at the beginning of the procedure
Gently pull the pinna upwards and outwards. The jet tip should be angled so the flow of water is along the posterior wall superiorly towards the superior occipital region
Inspect the ear canal periodically with the auriscope and monitor the solution running into the receiver. The procedure may be uncomfortable but should not cause pain. If the patient reports ear pain, the procedure should be stopped
Following irrigation examine the ear with an auriscope
Document all aspects of treatment in the patient's health records
Provide any further instructions and advice on ear care to patient

Equipment should be cleaned as per manufacturer's instructions.

13. Patient Advice and Follow up

If irrigation is unsuccessful after the first attempt, the patient should be advised to continue with the olive oil drops regime for a further 7 days and return for reassessment. Should a second attempt at irrigation fail, advice should initially be sought from the GP.

14. When Should the Nurse (or Healthcare Professional) refer to the GP or Specialist Services?

Patients presenting for ear care should be referred to the GP if the Registered Nurse or Healthcare Professional is concerned about any of the following:

1. Otitis Externa suspected
2. Otitis Media suspected
3. Anything unusual identified in or around the ear
4. Identification of any contraindications when carrying out an ear assessment

Similarly, anyone who has had earwax removed should be advised to return if they develop post irrigation problems such as otalgia, itching, discharge from the ear, or swelling of the external auditory meatus, as this may indicate infection.

Advice should be urgently sought from an Ear, Nose, and Throat Specialist (pre- and post-irrigation, when identified) if the following contraindications or side effects are identified:

- Severe pain, deafness or vertigo occur during or after irrigation, or if a perforation is seen following the procedure.
- Infection is present and the external canal needs to be cleared of wax, debris and discharge.

Appendix 1

Recording Guidelines for Ear Irrigation

(This assessment sheet is not suitable for patients under 16 years)

Name: Address: Postcode:	DOB/CHI Patient's Phone Number GP Name
Date of Assessment	Referred by: GP / Practice Nurse / Audiology / Other / Self
Reason for Referral: loss of hearing Other:	Allergies: None Known Other

	Yes	No
Did you have any ear problems as a child?		
Have you had your ears irrigated before?		
<u>Exclusion Criteria:</u>		
Have you ever previously experienced problems with ear irrigation		
Have you suffered from a perforated ear drum? (tympanic membrane)		
Have you noticed any discharge from your ear? (Otitis externa or media)		
Have you suffered from a recent or current earache? (otolgia)		
Have you got a cleft palate?		
Have you suffered from mastoid cavities?		
Have you ever had ear surgery?		
Have you had grommets in place in the last 2 years?		
<u>Special Precautions Required if:</u>		
Tinnitus (advise patient irrigation may make it worse)		
Eczema (extra care to be taken on irrigation)		
Psoriasis (extra care to be taken on irrigation)		
Menieres Disease (can cause further		
Diabetes (increased potential for infection)		
Any other relevant history? Yes / No Advice Sheet supplied to patient? If yes, provide details:		
Does the patient have hearing aid/s		
If hearing aids, in place record if Right Ear or Left Ear:		
Are either ears occluded with wax? Identify Right / Left		
Nurse Signature (Assessor)		

Patient Consent

I have received and understood the advice given to me and consent to the

procedure of Ear Irrigation:

NB: Potential risks associated with ear irrigation:

- Damage to ear drum
- Ear canal irritation
- Dizziness, nausea, fainting and / or vertigo

If you have any concerns about this procedure please discuss with the Nurse

Patient signature for consent:

Nurse signature:

Date:

Date:

Was ear prepared prior to irrigation? Yes / No
Which softener? Olive oil / Almond oil / Other
(specify)
How often?

Irrigation Water:
Temperature of water:
Amount used:
Return:

	Left Ear	Right Ear
Pre-irrigation examination	Occluded with wax	Occluded with wax
Post –irrigation examination	Tympanic membrane visible	Tympanic membrane visible
Complications encountered e.g. failure to remove wax, pain		
Please detail what advice has been given		

Nurse signature on completion of care