



Clinical guidance for nurses for ear syringing in adults

Lead executive	General Manager
Authors details	Professional Development and Clinical Lead (Community Services)

Type of document	Guidance
Target audience	All community staff Physical Health West
Document purpose	The purpose of this document is to provide guidance to District Nurses in relation to the assessment of patients requiring ear care and ear syringing

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Implementation date	Nov-14	

CWP documents to be read in conjunction with	
CP59	Medical device and equipment policy

Document change history	
What is different?	New document
Appendices / electronic forms	New document
What is the impact of change?	New document

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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Document consultation	
East	Sally Sanderson; Jane Tyrer; Kate Chapman; Karen Millard; Laura Draper; Mark Grey; Nichola Spinney; Jenny Jones; Carole Winstanley; Susan Griffiths; Linda Johnstone; Toby Biggins; Terry Unwin
Wirral	Jan Pye; Rashmi Parhee; Jose Ferran; Geraldine Swift; Joanne Hurley; Neal Fenna; Linda Friend; Iain Wells; June Thornton; Polly Nash; Jugnu Bothra; Iris Batman; Angela Davies
West	Joanne Knowles; Joy Fenna; Daniel Carlson; Dave Appleton; Colin White; Mike Caulfield; Jane Newcombe; Pauline Forrester; Carys Jones; Karen Phillips; Gwen Jones; Catherine Phillips; Dave Donal; Helen Thornley-Jones; Jean Brennan; Jan Patton; Janet Lomas; Sarah Evans; Susan Rawson; Christina Theobald; Alison Woodhouse; Dr Vikram Palanisamy; Laura Drummond, Antonia Smith, Yvonne Ball, Stacey Oates, Karrie Broad, Maureen Theobald, Alison Hinchliffe, Carolyn Kennedy, Isobel Lyall, Karen Small, Wendy Williams, Jenny Benyon, Claire Walmsley, Kate Coates, Emma Lea, Debbie McKenna, Sharon Williams, Emma Lea, Kath Westwood, Jan Simkins
Corporate services	Abiola Allinson; Chris Sheldon; Fiona Couper; Gill Monteith; Jane Manton; Audrey Jones; Jo Watts; Jenny Gillison; Lyn Ellis; Martin Dowler; Pat Mottram; Tracey Battison; Veena Yadav; Alison Wood; Melysa Cureton; Karen Herbert; Joanna Rogerson; Jan Devine; Sally Bestwick; Amanda Miskell; Lynn Barton; Helen Pilley; Ken Edwards; Helen Davies; Jen Adams; Kath Jones, Steven Buckley

Financial resource implications	None
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External references

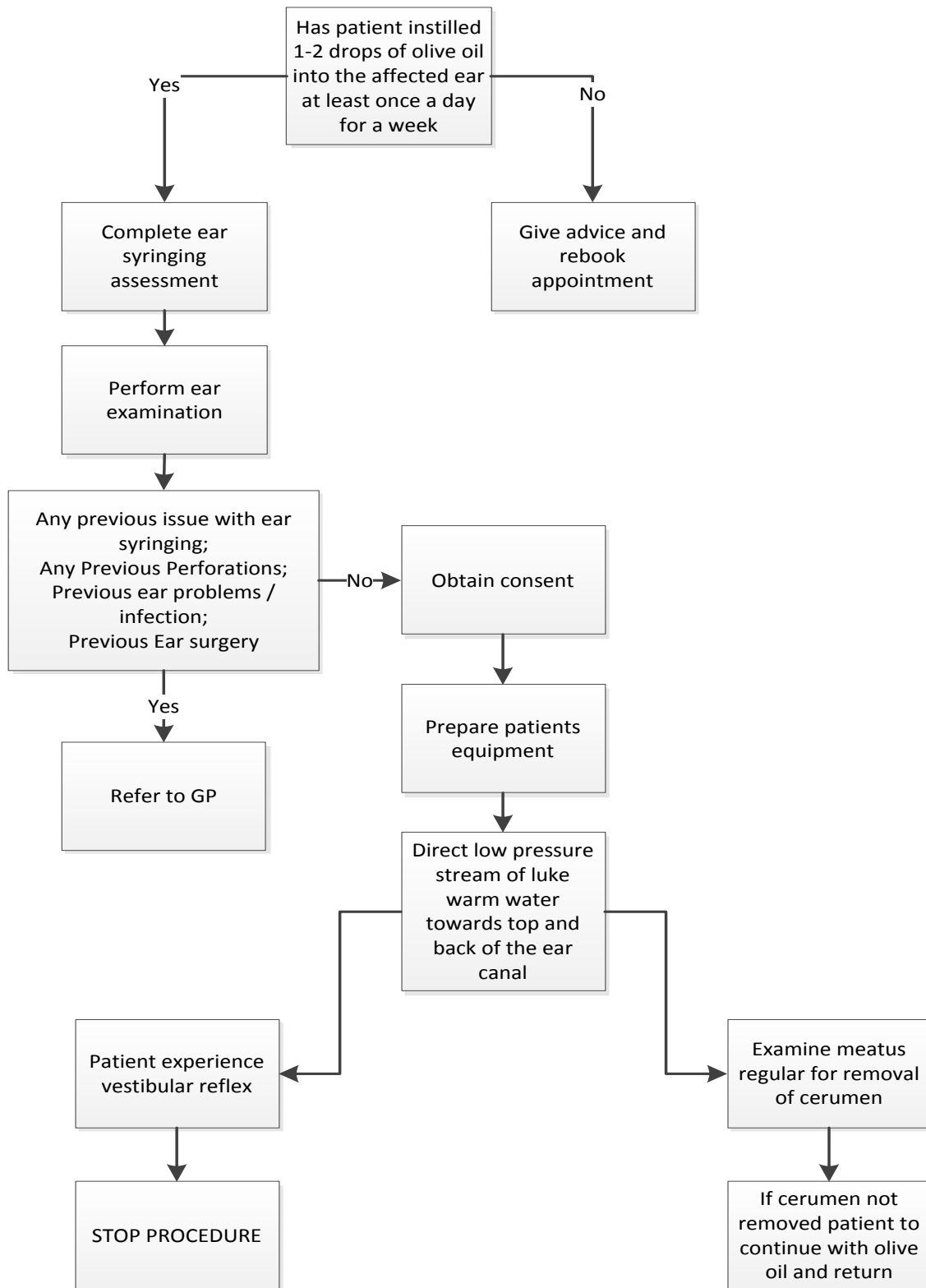
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart on completing ear syringing assessment

For quick reference the guide below is a summary of actions required.



1. Introduction

The purpose of this document is to provide guidance to District Nurses in relation to the assessment of patients requiring ear care and ear syringing. The procedure can only be carried out by a Registered Nurse who has attended the Trust Ear Syringing Course and been assessed as possessing the appropriate competencies ([appendix 1](#)). Registered Nurses who have undertaken training in examination of the ear canal can undertake this procedure without the patient seeing the GP, providing that they feel confident and competent to do so and they undertake a full assessment using the assessment tool ([appendix 2](#)).

Standard principles of infection control should be adhered to when conducting this procedure.

2. Definition

Ear syringing is the irrigation of the external auditory canal of the ear with lukewarm water using a Pulpulse II machine.

3. Indications and Contraindications for use

Ear syringing should not be undertaken on adult patients with a hearing aid in the affected ear, unless they have been seen and referred by an audiologist who has approved the ear syringing procedure, or on children. These patients should be referred to their GP for referral to an Ear, Nose and Throat (ENT) Department.

Ear syringing is a last resort treatment. Patients should be advised to instil 1-2 drops of olive oil eardrops into the affected ear up to 3 times a day for a minimum of 1-2 weeks prior to syringing. Preventative care has been proven to reduce the necessity to syringe patients' ears.

Patients should then be advised to continue with 1-2 drops of olive oil weekly into the affected ear to prevent the build-up of cerumen.

Preventative and maintenance treatment should be first line management. Nurses should be advising patients as per '[Looking after your ears](#)' leaflet.

Ear irrigation should not be carried out if:

- There were previous complications following this procedure in the past.
- There is any history of middle ear infection in the six weeks beforehand.
- The patient has undergone any form of ear or head surgery in the last 18 months.
- The patient has ever had a perforation or history of mucous discharge in the previous year.
- The patient has a cleft palate.
- There is any evidence of acute otitis externa with pain and tenderness of the pinna.
- The patient has profound deafness in one ear (unless seen by the Audiology Department who has requested ear syringing).
- Or if patient has not instilled olive oil prior to the procedure as requested.

4. Training

Community nurses will need to undertake theoretical and practical training for ear syringing, comprising of a one-day in-house ear syringing workshop that considers the following issues:

- Anatomy and physiology of the ear
- Accountability
- Prevention of ear problems
- Examination of ear canal
- Patient education and minor cerumen problems
- Practical – undertaking ear syringing
- Assessment and record keeping

All staff undertaking ear syringing must have been trained and mentored by the nominated team trainer and have had their clinical competence assessed on three occasions and be deemed safe practitioners to carry out the procedure.

5. Equipment

The equipment of choice is the Propulse II – pulsed water unit. The use of metal aural syringes is not good practice, as the clinician has no means by which to safely regulate the pressure and flow of the water in to the ear.

Note: When using electricity-powered equipment in patients' homes the nurse should be aware of any potential hazards posed by frayed electric wires or faulty sockets.

Otoscope and range of disposable speculae	Waterproof covering
Propulse II – pulsed water unit	100–200mls lukewarm tap water in suitable container
Jobson Horne disposable probe	Receiver / Noots Ear Tank
Disposable jet tip applicator	Head lamp – VersaBrite (Pelican) or good lighting
Otoscope	Cotton wool
Disposable apron and gloves	

6. Maintenance and servicing of equipment

The Propulse II should be cleaned and serviced in accordance with the manufacturer's instructions and [medical devices policy](#).

7. Cleaning of equipment

Propulse Electronic Irrigator

Stage 1: Each day before use, the electronic irrigator must be disinfected using a solution, suggest use Chlor-Clean tablets, or similar, according to manufacturer's instructions, to get a solution which provides 1000 parts (NaDCC) per million (0.1%)

COSHH regulations must be observed when using NaDCC

Fill the water tank with NaDCC solution. Run the irrigator for a few seconds to allow the solution to fill the pump and flexible tubing. Leave to stand for 10 minutes.

Empty the water tank, then rinse the system through with tap water before use.

Stage 2: At the end of the day (or end of ear irrigation session), disinfect the irrigator for 10 minutes using the Chlor-Clean tablets. Rinse the machine by running through with well run cold tap water and dry thoroughly before leaving overnight.

Explanation: Sodium Hypochlorite 0.1% has only 1 Chlorine molecule and will release ALL this Chlorine if in contact with any vegetative matter. Sodium Dichloroisocyanurate (NaDCC) 0.1% has 2 Chlorine molecules which are slowly released, maintaining at all times 50% of its own weight. This is available in the form of Chlor-Clean tablets (Guest Medical) as per research completed by Dr David Coates from Q Laboratories Ltd, Preston in 2001. A covered litre container can be used to mix and store the solution for up to 8 hours. Chlor-Clean is mentioned particularly because it contains a surfactant (i.e. detergent) in addition to a disinfectant.

Disposable jet tips should be used

Other equipment

After each individual patient treatment, items of equipment should be disinfected as follows:

Speculum for Otoscope and Jobson Horne Probe

- Disposable speculae should be used.

Noots Tank

- Clean with detergent solution

- Rinse under hot water
- Dry thoroughly

Following cleaning, ALL equipment must be stored dry.

Any solution prepared for disinfecting equipment must be discarded at the end of each session / day.

Please remember that aural care and ear syringing are 'clean' - not 'sterile' procedures. However, you must ensure that ALL items of equipment used have been thoroughly cleaned and disinfected before use.

8. Procedure

Outcome - patient will have optimum level of hearing. The necessity to re-syringe ears will have been reduced due to patients receiving information on aural care.

Note	Action	Rationale
1	Undertake full assessment and ear examination using the ear-syringing assessment tool.	To ensure that correct preparation has taken place and there are no contraindications to ear-syringing
2	Explain and discuss the procedure including risks and benefits with the patient. Acquire verbal consent and document on the assessment sheet.	To ensure that the patient understands the procedure and gives their consent. Evidence of patient involvement in assessment and consent for any treatment is documented appropriately.
3	If the assessment indicates contra-indication, refer to GP or Aural Clinic and do not continue with ear syringing procedure.	To prevent the risk of damage and / or possible litigation
4	Prepare equipment ensuring that it has been appropriately cleaned as per guidance	To minimise the risk of infection and ensure equipment is in working order
5	a. Ask patient to sit with head in upright position. b. Nurse should sit at the same level as patient.	To facilitate the drainage of irrigation fluid. To ensure full view of the ear canal is facilitated.
6	Check temperature of water is lukewarm (professional judgement)	Irrigation fluid should be at body temperature to avoid triggering vestibular reflex.
7	Run water through tubing (until runs warm) of the Propulse II – starting at the minimum speed, gradually building up to mid-point (according to manufacturer's guidance).	To ensure even flow of water without air bubbles. To expel any air or cold water remaining in the tube.
8	Ensure that the tip of the Propulse II unit is firmly secure.	The auditory canal may be damaged or the eardrum perforated if the tip 'flies off' under pressure from the water.
9	Pull the pinna upwards and backwards and place the Noots container under the ear to collect the water and cerumen.	To stretch and straighten the external auditory canal, to hold the ear steady and to prevent injury.
10	Place tip of the Propulse II at the entrance to meatus but do not occlude it, direct low pressure stream of water (50 – 70mls) towards the top and back of the canal gently rotating in an arc from the upper posterior to the upper anterior meatus (10 to-10 past)	Water should flow behind the cerumen plug and back along the canal to wash it out; too forceful a stream of water may force the plug back along the canal or rupture the tympanic membrane.
11	If the patient experiences vestibular reflex (e.g. dizziness, nausea, coughing or water down the nose) discontinue the irrigation.	To prevent further triggering of the vestibular reflex.

Note	Action	Rationale
12	Examine external meatus at regular intervals throughout the procedure to check if the cerumen has been removed.	To determine position and size of cerumen plugs and monitor the condition of the ear.
13	If removal of cerumen is difficult or has not been removed after 1 tank of water, ask the patient to continue with the olive oil eardrops and return after 5-7 days.	To minimise the risk of irritation or trauma to the external meatus.
14	Ask patient to tilt head to allow water to drain. Wrap cotton wool around the tip of the Jobson Horne probe and 'dry out' auditory canal – only dry out areas visible to the eye. (Jobson Horne should only be used following appropriate training).	To dry ear without irritating or damaging canal and to prevent potential infections developing.
15	Carry out final examination of ear with otoscope. If any abnormality is observed refer patient to GP / Ear Nose and Throat (ENT) Department. Document outcomes of syringing on assessment tool.	To confirm removal of cerumen and monitor condition of external meatus and tympanic membrane.
16	Provide patient with 'Looking after your ears' leaflet.	To reduce the necessity to re-syringe ears and ensure patient is able to contact nurse if they have any concerns.

Appendix 1 – Staff training record

Name		Grade of staff	
Base			
The above person attended a theory session on ear syringing on			

The following topics were covered:

- Basic anatomy and physiology of the ear;
- Clinical guidance for ear syringing;
- Best practice e.g. documentation, equipment, run through of procedure;
- Awareness of leaflets and responsibilities for informed consent;
- Awareness of minor ear problems.

The learner has now completed their theoretical training.

Assessor's name		Date	
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The learner is now required to undertake at least three ear syringes with a qualified nurse who will sign off the learner's competency level.

I have observed the learner on three occasions and they are able to undertake the skill of ear syringing.

Assessor's name		Grade	
Signature		Date	

Appendix 2 - Ear syringing assessment tool

Before undertaking this assessment the patient must have had olive oil ear drops instilled into their ears at least once a day for a minimum of one week. If patient has not undertaken the correct preparation, give advice and rebook appointment for one week or next available appointment.

Full name			
Address			
Contact details			
Date of birth		NHS Number	
GP			
Date / time of assessment			

Risks and benefits been explained to the patient.	
Patient has given consent to having their ear/ears syringed.	

History NB: Check patient's medical records	Left Ear		Right Ear	
	Yes	No	Yes	No
Have olive oil drops been instilled as recommended?				
Does the patient perceive to have reduced hearing due to wax?				
*Have there been any problems previously with ear syringing?				
*Has either eardrum ever been perforated?				
*Any previous infection/problems with ears				
*Pain in or around the ear/s				
*Discharge other than waxy discharge				
*Giddiness, nausea, itching or headache (<i>please circle whichever applies</i>)				
*Ear surgery, i.e. cleft palate				
If you have a hearing aid, have you been seen and referred by an audiologist for ear syringing?				
If the answer is no to the above triggers*, then proceed with the assessment.				
If the answer is yes to any of the above triggers*, then refer the patient to GP.				

Examination assessment Check for signs of:	Left Ear		Right Ear	
	Yes	No	Yes	No
Foreign bodies, i.e. cotton wool, foreign object, fluff				
Inflammation / Discharge				
Smell from ear/s				
Pain in or about ear when moving pinna around				
Any swelling in or around the ear				
Check for evidence of cerumen before proceeding (may be sticky, brown, flaky or hard yellow)				

I have had the procedure for ear syringing explained fully to me, have had the opportunity to ask any questions and give my consent to this procedure.

Patient's Signature		Date	
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If procedure not carried out, document reason why

Outcome

If following assessment there are no identified problems and there is evidence of cerumen, then explain the procedure to the patient and proceed with ear syringing in accordance with Trust Guidance. If there are any problems on assessment refer patient to General Practitioner.

Ear Syringed	Left		Right	
	Yes	No	Yes	No
Was cerumen successfully removed?				

Advice given to patient following procedure				
Has the patient information leaflet been given to the patient?			Yes	No

Name of assessing / treating nurse			
Signature		Date	