

Leamington Mennonite Home  
Long Term Care

POLICY AND PROCEDURE

<b>CATEGORY:</b> Nursing	<b>SUBJECT:</b> Ear Care	<b>SECTION:</b> E
<b>DATE:</b> February 1995	<b>Administrator:</b> <u>J. M.</u>	<b>POLICY:</b> 1
<b>REVISION DATES:</b> May 2006	<b>Director of Care:</b> <u>Cheryl Allick</u>	

**EAR CARE**

**POLICY:**

To ensure proper ear care is performed in a safe manner to avoid injury or discomfort.

**PROCEDURE:**

1. Wash hands. Explain the procedure to the resident.
2. Have good light so you are able to see exactly what you are doing.
3. Straighten the ear canal as necessary, for good visualization and so medications instilled, will go into the ear canal.
4. Place nothing in a resident's ear, without a doctor's order.
5. Solutions used for irrigation or ear drop solutions should be at body temperature. Hot or cold solutions stimulate the inner ear and may cause vertigo, nausea or vomiting.
6. Never insert objects into the ear beyond the field of vision.
7. Be gentle.
8. Never obstruct the ear canal during instillation of medications or during irrigations.
9. Instruct the resident in proper care as necessary.
10. If a resident has vertigo, ask him/her to slow down his/her movements, call for assistance when walking, and use siderails in bed.

**Instillation of Ear Drops**

Various ear drops are instilled into the auditory canal to produce such effects as anesthesia, destruction of micro organisms, or to soften ear wax.

1. Wash hands.

2. Check the ear dropper to be sure there are no rough edges on the end and warm solution to body temperature.
3. Place the resident on his/her side.
4. Pull the ear gently up and back to straighten the ear canal.
5. Instill the prescribed number of drops, directing them to the side of the ear canal.
6. Have the resident remain on his / her side for 5 – 10 minutes.
7. Repeat on the other side if ordered.
8. Clean outer ear with dry gauze following procedure.
9. In preparation for ear dewaxing, Cerumol ear drops are inserted at bedtime for 3 evenings before, unless otherwise indicated by the Physician.

## **Ear Irrigations**

### **Method 1 – Hand Syringing**

Before any attempt is made to irrigate a resident's ear, the Registered Staff must first obtain a written Doctor's order. When orders are received, the Registered Staff will first instill Cerumol into the affected ear for 3 evenings, then attempt ear irrigation on the fourth day.

1. Explain the procedure to the resident/
2. Wash hands.
3. Assemble necessary equipment:
  - a. Ear basin
  - b. K basin
  - c. 30 cc luer lock syringe
  - d. Otoscope
  - e. Towels
  - f. warm tap water or other solutions as ordered by the Physician.
4. Drape the resident's shoulders after you have them in a comfortable sitting position.
5. Tilt the resident's head slightly forward and to the side, position light source as required.
6. If the resident is confused or anxious call another staff member to assist in calming the resident and steadying the head.
7. Position the ear basin beneath the ear and against the face to catch the irrigation solution.
8. Fill the syringe and expel any air.
9. Straighten the ear canal.

10. Place the tip of the syringe just inside the meatus and direct a slow steady stream of solution against the roof of the auditory canal.
11. Do not use excessive force or occlude the auditory canal.
12. Use approximately 240 ml of irrigating liquid.
13. Check the ear with the otoscope to see if the irrigation has been successful. If not successful, repeat the irrigation 2 more times, if tolerated and there are no signs of irritation. If the procedure is still unsuccessful, use the Cerumol for 3 more nights and repeat the procedure.
14. Once complete, dry the ear and outer canal.
15. Have the resident lie on the irrigated side for a few minutes so that any remaining solution can drain out of the ear by gravity.
16. Clean the equipment, dispose of syringe and wash hands.
17. Chart the procedure, how it was tolerated and results in the multidisciplinary notes and on the MARS.
18. If this procedure is unsuccessful the Physician will be notified.

## **Method 2 – Ear Wash System**

1. Initially, you may cover the resident with a cloth drape to eliminate splashing onto his/her clothes. Once the technique of sealing the ear canal is mastered, this is not necessary.
2. Begin to run water through the unit by turning the hot and cold water on full power. Adjust the water exiting the bottom of the chamber until it feels close to body temperature. Note: Reducing the hot or cold water will impact the pressure.
3. Check the temperature of the irrigating water by looking at the thermal sensor while depressing the water flow actuator. If the thermal sensor is blue, the irrigating water is not warm enough. If the thermal sensor is white, the water temperature is at least 90°F and the procedure may begin. You must depress the actuator on the handle for the temperature sensor to function correctly.
4. To irrigate the ear, grasp the resident's pinna and pull up and back. While maintaining tension on the pinna, insert the tip of the handle into the ear to create a seal. Tilt the handle so the ear tip is directed away from the longitudinal axis of the ear canal and toward any point on the wall of the ear canal. Squeeze the actuator on the handle and slowly rotate the tip. By adjusting how much force you push on the actuator, some control over the flow rate is attained.
5. It is important to aim the stream of water away from the longitudinal axis of the ear canal and toward the ear canal walls by tilting and rotating the handle during the irrigation. Flood the ear with water. The suction return system will return the discharge away from the ear.

6. During the irrigation, provide inquiries about resident comfort to provide confidence. Periodically stop irrigation. View the ear canal (using an otoscope) to check on progress. Wax evacuation is not always evident watching the ear tip/suction tubing.
7. If the temperature of the irrigating water becomes too hot, the unit will restrict the flow to the handle, while continuing to discharge out the bottom of the unit. For the unit to reset, bring the water temperature down to a safe level by adjusting the knobs on the faucet until the water cools sufficiently.
8. Release the actuator and keep the ear tip in the canal for 5 to 10 seconds to vacuum any residual irrigating water. Note: The procedure typically take 30 seconds to 5 minutes depending on the type of cerumen and whether or not a wax softening agent is used. In severe cases, the process could take longer.
9. When the irrigation is complete, grasp the tab located on the disposable ear tip and pull the ear tip off of the handle with a downward motion. Please place in an appropriate receptacle.
10. See following page for cleaning and disinfecting instructions.