Ear Syringing Skill Assessment

Participants Name: 

Position Title: 

Work Place: 

Date: 
Competency Title: Ear Syringing

1. Introduction:

This competency provides the practitioner/nurse with guidelines in assessment and examination in ear syringing / irrigation.

(see: Best Practice Communiqué 11 – 05 Ear Syringing)

Ear syringing should only be considered when other conservative methods of wax removal have failed (e.g. use of softeners). Patients requiring ear syringing should always receive education and advice, which may reduce contributory factors and therefore the need for ear syringing.

Ear syringing is undertaken for the purpose of removing wax or foreign bodies from the external auditory meatus where this is thought to be causing a hearing deficit and/or discomfort, or restricts vision of the tympanic membrane preventing examination, in the adult patient.

Nurses performing the procedure:

 should understand the normal and abnormal anatomy and physiology of the ear and needs to be aware of the complications and contraindications of ear syringing.
 must examine the ears, check the history, discuss complications, and obtain informed consent.
 carry out the procedure as per clinic guidelines (CRANA+CPM, 2nd ed. pg. 150)
 record all findings and treatment in the patient’s records

2. Underpinning Knowledge and skills:

Underpinning knowledge and skills refers to the essential knowledge, understanding and skills required for assessment of and subsequent ear syringing procedure.

Practitioner must have knowledge and skills pertaining to:

 Anatomy and physiology of the ear
 Assessment of the ear
 Treatment options
 Equipment required
 Follow up procedure

3. Competency Aim

Facilitate the removal of softened ear wax or foreign bodies from the external auditory meatus.

Note: Patients should be advised to use wax softeners such as sodium bicarbonate or docusate sodium, to soften the wax prior to syringing or drown an insect with vegetable oil, or lignocaine 1% or amethocaine 1%. (see CARPA 5th ed. Pg. 139)

4. When to Syringe

 If you have satisfied yourself that there is wax or a foreign body occluding a healthy eardrum and the patient is experiencing difficulty in hearing, and
 History and examination reveal no current contraindications, and
 If the wax is soft enough to be removed easily by syringing.
5. Contraindications to Ear Syringing

**Syringing should not be carried out when the patient:**

- Has a past history of tympanic membrane perforation.
- Has had a recent history of otalgia, or recent past, or present middle ear infection (see *otitis media CARPA 5th ed. Pg.135*);
- Has had untoward experiences following this procedure in the past;
- Has had previous ear surgery; e.g. mastoidectomy or cleft palate
- Has grommets in place or history of recurrent grommet insertions
- Is hearing in only one ear;
- Has recurring otitis externa.

**NB. If there is a healed old perforation discuss with RMP on an individual patient basis or consider referral to ENT for suction removal of wax**

If in doubt on grommet surgery discuss with RMP and document discussion

6. Ear Syringing Procedure

6.1 History Taking and Consent

- Take a comprehensive history to determine if there are any contraindications as to why irrigation should not be performed, including a check of whether the patient has had any complications previously when having his/her ears syringed
- Explain the procedure to the patient.
- Informed consent has been given and documented.

6.2 Assessment And Examination Of The Ear *(CRANAplus, 2nd ed. pg.144)*

- Position the patient appropriately for the examination and procedure
- Dry mop away any discharge before examining the ear *(CRANA+CP, 2nd ed. pg.149)*
- Always look in the 'good' ear first and use a clean, new ear piece for the other ear
- Examine the outside of the ear for swelling, redness and discomfort.
- Hold the otoscope like a pen and rest the small digit on the patient's head as a trigger for any unexpected head movement
- Use the light to observe the direction of the ear canal and the tympanic membrane. There is improved visualisation of the eardrum by using the left hand for the left ear and the right hand for the right ear but clinical judgement must be used to assess your own ability.
- You need to use different techniques when examining the ears of babies, young children and adults – see pictures over page
- Insert the speculum gently into the meatus to pass through the hairs at the entrance to the canal
- Using gentle movements of the otoscope and the patient's head, examine all the walls of the canal for discharge, swelling, redness, sores or injuries.
- Look for debris, wax, pus or foreign bodies-eg. insects, beads, old tissue
- Assess the condition of the ear drum. *(refer to CRANA+ CPM 5th ed., pg.107)*
6.3 Equipment Required To Undertake Ear Syringing

- 200 mls of warm tap water in a clean container (e.g. foam disposable cup)
- Otoscope with a number of different sized specula. (Use as large a size speculum as possible that is comfortable for the patient, this will give a better view)
- 20 ml luer lock syringe
- Plastic connector for delivering water into the ear canal such as a 14 gauge IV cannula sheath or plastic drawing up needle
- Kidney dish and bluey or disposable towel

6.4 Performs Ear Syringe

- Place the bluey/disposable towel and ask the patient to hold the kidney dish under the ear.
- Check that the temperature of the water is approximately 37°C. Remember any variation by more than a few degrees may cause the patient to feel dizzy. If this occurs, stop irrigating, and ask the patient to fix their gaze on some object for a few minutes until the dizziness passes.
- The practitioner should be sitting at the same level as the patient when carrying out this procedure.
- To irrigate the ear grasp the subject’s pinna. Gently pull back to straighten the child’s ear canal or up and back for the adult.
While maintaining tension on the pinna, insert the tip of the cannula sheath into the ear; ensure the plastic connector is secured in place.

Gently syringe the warm water toward the superior surface, 2/3 along the ear canal wall so the water will run in along the roof of the ear canal. Do not direct water stream directly at the ear drum. (see diagram)

Flood the canal with water allowing the return of discharge away from the ear.

During the procedure ask how your patient is feeling, making sure they are not having any discomfort or dizziness.

Check at intervals for pain and examine the discharge for effectiveness.

It may take up to 10 syringes to remove wax/foreign body

After removal of wax/foreign body, dry mop the ear and make a final assessment.
# Ear Syringing Skill Assessment Sheet

Participants Name:  
Signature:  

Workplace and Position:  
Date:  

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History taking &amp; Consent</td>
<td>• Check for contraindications</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>• Explained procedure, and obtained informed consent</td>
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<tr>
<td>2. Examination of the ear</td>
<td>• Correct use of otoscope to check for obstruction or abnormality prior to syringing</td>
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<td></td>
<td>• States reasons to proceed or not proceed</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Assembles equipment</td>
<td>• Obtains and uses equipment appropriately</td>
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<tr>
<td>4. Performs ear Syringing</td>
<td>• Protects the patient clothing with a bluey and ask them to hold kidney dish under their ear.</td>
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<tr>
<td></td>
<td>• Fills 20ml luer-lock syringe with warm water (body temp) and screws plastic tip on</td>
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<td>• Uses correct technique for ear positioning (adult: pinna up &amp; back; child: pinna straight back; infant: pinna down)</td>
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<tr>
<td></td>
<td>• Inserts tip of syringe while maintaining tension on pinna</td>
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<td>• Gently puts plastic tubing in ear canal and aims tubing up and back so the water runs along the roof of the ear canal</td>
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<td></td>
<td>• With a smooth firm pressure, water is syringed in, flooding ear canal allowing for return of discharge away from the ear.</td>
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<td>• Examines contents of discharge and assess effectiveness of treatment</td>
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<td></td>
<td>• During the procedure ask how the patient is feeling, making sure they are not having any discomfort or dizziness</td>
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<td>• In the case of an adverse event, Aborts procedure and seeks medical consult</td>
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<td>• After removal of wax/foreign body, ear is dry mopped and examined with otoscope</td>
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<td>• Accurately documents the procedure</td>
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<tr>
<td>5. Follow up and referral</td>
<td>• Discusses with patient post procedure advice and gives relevant information.</td>
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</table>

**Recommendations/Comments:**  

Assessor Name:  
Signature:  
Date:  

*Return a copy of the signed assessment form to Workforce Development Officer*