THE STUDY VAULT

Clinical Chaos

# Ear Irrigation

## SKILL SNAPSHOT

### Purpose
- Uses controlled fluid flow to remove appropriate cerumen or loose material from the external ear canal.

### When to use
- Ordered cerumen removal when the tympanic membrane is intact and no contraindication is present.

### Supplies needed
- Ordered warmed irrigant; irrigation syringe/device; basin; towels; otoscope; gloves; waterproof pad; curette only if trained/ordered.

## PREP + PATIENT SETUP
- Verify order and screen for perforation, tubes, ear surgery, severe pain, infection, foreign body, diabetes/immunocompromise, or only-hearing ear.
- Assess hearing, pain, drainage, vertigo, and

## VAULT TIP
- The stream follows the canal wall; it never blasts the eardrum. If resistance persists, stop and reassess.

## STEP-BY-STEP
1. Hand hygiene; identify patient; apply gloves and protect clothing/bed.
2. Seat patient upright with head tilted toward affected side; hold basin below ear.
3. Straighten canal: adult and child 3 or older - pinna up and back; child under 3 - down and back.
4. Fill irrigation device with body-temperature solution and expel air.
5. Place tip only at canal entrance. Never occlude the canal or insert deeply.
6. Direct a gentle stream along the superior-posterior canal wall, not directly at the tympanic membrane or impacted object.
7. Allow fluid and debris to drain freely into basin. Pause frequently to assess pain, dizziness, nausea, cough, or bleeding.
8. Repeat gently only as ordered and tolerated. Never use excessive pressure to force resistant cerumen.
9. Stop immediately for severe pain, vertigo, sudden hearing change, bleeding, or suspected perforation.
10. After irrigation, inspect canal and tympanic membrane if within scope; confirm cerumen removal and assess hearing/comfort.
11. Dry outer ear and canal entrance gently. Administer ordered drops if prescribed.
12. Remove gloves, perform hand hygiene, and teach patient to keep objects/cotton swabs out of canal.

## SAFETY REMINDERS
- Do not irrigate with known/suspected perforation, tympanostomy tube, or certain prior ear surgery unless specifically directed.
- Button batteries and sharp/vegetable foreign bodies require special management - do not irrigate routinely.
- Use body-temperature fluid to reduce vertigo/nausea.
- Avoid high pressure.

## COMMON MISTAKES
- Aiming at the eardrum.
- Inserting tip deeply or sealing canal.
- Using cold solution.
- Continuing through pain or vertigo.

## DOCUMENTATION
- Ear treated and pre/post assessment.
- Solution, temperature, amount, and device.
- Cerumen/debris removed and canal/eardrum findings.
- Tolerance, hearing, pain, dizziness.
- Teaching and provider notification.