# Ear Irrigation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>The purposes of this procedure are to remove foreign bodies from the ear, to soften and remove impacted wax, to supply heat and relieve pain, to remove purulent drainage, and to disinfect the ear.</th>
</tr>
</thead>
</table>
| Preparation | * Only to be performed by Licensed Nurse.  
1. Review the resident’s care plan to assess for any special needs of the resident.  
2. Assemble the equipment and supplies as needed.  |
| General Guidelines | 1. The irrigation solution should not exceed 100°F (37.7°C).  
2. Cotton packed tightly into the ear canal obstructs the flow of discharge.  
3. Lying on the affected side after irrigation aids drainage by gravity.  
4. Force of heat or cold on the eardrum can produce dizziness or nausea.  
5. Should both ears require irrigation, wash and dry your hands thoroughly before irrigating each ear.  
6. Do not force the procedure. Take your time and be gentle with the resident. Too forceful a flow may carry infections further into the auditory canal.  |
| Equipment and Supplies | The following equipment and supplies will be necessary when performing this procedure.  
1. Sterile ear syringe;  
2. Emesis basin;  
3. Sterile basin for solution;  
4. Solution (as prescribed);  
5. Cotton balls;  
6. Towel;  
7. Plastic cape (optional); and  
8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).  |
| Steps in the Procedure | 1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.  
2. Wash and dry your hands thoroughly.  
3. Put on gloves.  
4. If the resident is sitting up, tilt his/her head backward slightly. Position yourself so the affected side is toward you.  
5. If the resident is bedfast, position the resident’s head on the edge of the pillow. Position yourself so the affected side is toward you.  
6. Place the plastic protector where it will protect the resident and his/her bed linen.  
7. Place the towel over the plastic protector.  
8. Position the emesis basin against the cheek to catch the return flow. *(Note: If the resident is able to assist you, instruct him/her to hold the emesis basin to prevent it from moving.)*  
9. Fill the syringe with warm solution.  
10. Expel the air from the syringe.  
11. Cleanse outer ear to prevent carrying discharge or debris into the canal.  
12. Grasp the auricle (flap of the ear). Pull upward and backward to straighten ear canal.  
13. Place the tip of the syringe at ear opening. Direct the stream of fluid against the side of canal. Gentle pressure should be used.  |

*continues on next page*
Steps in the Procedure (continued)

14. Irrigate the ear. Watch for and question the resident for any unusual symptoms (i.e., dizziness, nausea, etc.).
15. If the resident complains of pain or discomfort, cease the procedure and summon the Nurse Supervisor.
16. Continue the treatment until all of the solution is used or until treatment is completed.
17. Observe the character of the return discharge.
18. Upon completion of the irrigation process, instruct the resident to turn his/her head to the affected side to allow all the fluid to drain.
19. Dry the external ear with a cotton ball. Use only one (1) cotton ball per wipe.
20. Discard used cotton balls into designated container.
21. Remove the towel and bed protector and discard into designated containers.
22. Pour the solution down the commode. Flush the commode.
23. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
24. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
25. Discard disposable equipment and supplies in designated containers.
26. Clean the overbed table and return it to its proper position.
27. Lower the bed into lowest position and place the siderails and the head of the bed in the appropriate position as indicated in the resident's plan of care.
28. Reposition the bed covers. Make the resident comfortable.
29. Place the call light within easy reach of the resident.
30. Wash and dry your hands thoroughly.

Documentation

The following information should be recorded in the resident’s medical record:
1. The date and time the ear was irrigated.
2. The name and title of the individual(s) who irrigated the ear.
3. The type of solution used to irrigate the ear.
4. All assessment data obtained concerning the resident’s ear.
5. How the resident tolerated the procedure.
6. If the resident refused the treatment, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

Reporting

1. Notify the supervisor if the resident refuses the care.
2. Report other information in accordance with facility policy and professional standards of practice.

References

<table>
<thead>
<tr>
<th>MDS (RAPs)</th>
<th>O1, O2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Tag Numbers</td>
<td>F311, F333</td>
</tr>
<tr>
<td>Related Documents</td>
<td>Blood–Body Fluids–Infectious Diseases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure Revised</th>
<th>Date:________________ By:________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:____________</td>
<td>By:________________</td>
</tr>
<tr>
<td>Date:____________</td>
<td>By:________________</td>
</tr>
<tr>
<td>Date:____________</td>
<td>By:________________</td>
</tr>
</tbody>
</table>

Revision Date: 6-1-2012