

**ESPCN Policy and Procedure: Treatment of Symptomatic Cerumen Impaction**

**Approved by:** Program Lead, Nursing and Clinical Director

**Approval Date:** November 2025

**Next Review Date:** November 2026

The nurse is responsible and accountable for the restricted activities they perform within their nursing practice. In addition to the procedure outlined below, the nurse must also review and practice according to the ESPCN Policy: Restricted Activities.

**Required Steps to Achieve Competency**

It is the professional responsibility of the nurse to assess and ensure competency to perform this restricted activity. The following steps outline the minimum requirements for nurses at ESPCN to achieve this competency.

1. The nurse will read through the required readings:  
[Lippincott: Cerumen Impaction Removal](#)  
[Lippincott: Cerumen Impaction Removal, pediatric](#)  
[Up to Date: Cerumen](#)  
[Clinical Practice Guideline: Earwax \(Cerumen Impaction\) p. 9-15](#)
2. Once the required reading has been completed and the policy and procedure has been reviewed, the nurse will complete the following activity: [Learning Activity-Cerumen Impaction-Final-December 2025.pdf](#) .
3. The nurse will review the procedure with a Clinical Educator, Nursing, prior to application in practice.
4. The nurse will be required to observe the procedure at least two times on patients 12 years and older, as well as be supervised while performing the procedure by a competent nurse (or physician/nurse practitioner) until the nurse achieves self-determined competency.
5. If the nurse will be completing the procedure on children in their practice, the nurse will be required to observe the procedure at least two times on patients between 4-11 years of age, as well as be supervised while performing the procedure by a competent nurse (or physician/nurse practitioner) until the nurse achieves self-determined competency.
6. Once the nurse determines they are competent to perform ear syringing, they will complete the following form: [Competency Pathway Form: Treatment of Symptomatic Cerumen Impaction](#)
7. The nurse engages in continual self-reflection and assesses their own ongoing competency to complete this restricted activity.

<b>Clinic Requirements</b>	<p><b>Clinic Supplies:</b></p> <ul style="list-style-type: none"> <li>• Ear cleaning equipment designed and intended for use on humans and is multi-patient reusable. (i.e. Elephant Ear Washer)</li> <li>• 60 ml syringe</li> <li>• Kidney basin or other water collection container</li> <li>• Otoscope and single use tips</li> <li>• Drape or blue pad</li> </ul> <p><b>Cleaning/Disinfection Process:</b></p> <ul style="list-style-type: none"> <li>• As outlined by AHS <a href="#">Reprocessing of multi-patient reusable ear cleaning equipment without validated reprocessing instructions, e.g., Elephant Ear Washer™, Rhino Ear Washer™.</a></li> <li>• CPSA document on cleaning reusable ear cleaning equipment <a href="#">IPAC-Reusable-Ear-Equipment.pdf.</a></li> </ul>
<b>Most Responsible Provider (i.e. Physician/Nurse Practitioner) Involvement:</b>	<p><b>ESPCN Registered Nurse:</b></p> <ul style="list-style-type: none"> <li>• The nurse can complete manual irrigation on symptomatic patients 12 years and older following their own nursing assessment and plan of care. An MRP assessment is required to exclude a differential diagnosis that would contraindicate the nurse performing manual irrigation for the following: <ul style="list-style-type: none"> <li>○ A child between 4-11 years of age.</li> <li>○ A patient who is not symptomatic but has hearing devices that increase cerumen impaction.</li> <li>○ A patient who is unable to report symptoms (eg. due to cognitive impairment).</li> </ul> </li> <li>• The nurse will not complete manual irrigation on children aged 3 or younger.</li> <li>• Recourse for clinician communication of unexpected findings and subsequent care coordination has been established between the nurse and MRP.</li> </ul> <p><b>ESPCN Nurse Practitioner:</b> Is the MRP. There are no age restrictions for NP practice.</p>
<b>Assessment and Treatment Plan</b>	<p><b>Assessment:</b></p> <ol style="list-style-type: none"> <li>1. Obtain a history of the patient’s condition, including current symptoms, previous cerumen impactions and methods used to remove those impactions (irrigation, cerumenolytics home interventions)<sup>2,3</sup></li> </ol>

	<p>2. Review patient history to ensure no contraindications or exclusion criteria for cerumen removal by the nurse are present:</p> <ul style="list-style-type: none"> <li>• ear tubes,</li> <li>• active ear infection or recent history of same,</li> <li>• past or present tympanic membrane perforation,</li> <li>• suspected otitis externa,</li> <li>• foreign body lodged in ear,</li> <li>• history of chronic cerumen impaction,</li> <li>• cleft palate,</li> <li>• prior radiation to head and neck,</li> <li>• immunocompromised,</li> <li>• unable to sit still or uncooperative.<sup>2</sup></li> </ul> <p>3. Review patient history to determine need to apply special considerations for patients with diabetes mellitus or on anticoagulants. If identified, consult with MRP. <sup>4</sup></p> <p>4. Examination of the ear(s) and ear canal(s):</p> <ul style="list-style-type: none"> <li>• Visually inspect ear pinna for lesions or discharge.</li> <li>• Carefully examine the ear canal using the otoscope and appropriately sized single use tip by pulling the pinna upwards and posteriorly to straighten the canal – assess cerumen impaction.</li> <li>• If signs of foreign body, redness, perforation, infection or pain are present, refer to a Physician/Nurse Practitioner.</li> </ul> <p><b>Determine Appropriate Treatment Plan:</b>  If no contraindications are present, determine if subjective symptoms and examination indicate the need for interventions to remove cerumen. Symptoms indicating need for intervention include: <sup>2,3</sup></p> <ul style="list-style-type: none"> <li>• Hearing loss</li> <li>• Earache</li> <li>• Ear fullness</li> <li>• Itchiness</li> <li>• Reflex cough</li> <li>• Dizziness</li> <li>• Tinnitus</li> </ul>
<b>Procedure</b>	<p><b>Use of Cerumenolytics:</b> If appropriate, cerumenolytics may be used as an alternative to or as a pre-treatment prior to manual irrigation. Cerumenolytics may be oil-based (lubricate cerumen), water-based (soften cerumen), or non-water-based-non-oil-based (soften cerumen).<sup>2</sup> The most commonly used cerumenolytics are preparations of mineral oil or hydrogen peroxide.<sup>3</sup></p>

- It is not recommended that cerumenolytics be used for more than 4 consecutive days, 5-10 drops twice daily in affected ear(s)<sup>3</sup>
- Patient teaching-[Lippincott Patient Handout](#)
- Patients should be booked for follow-up and clinician visualization of the ear with otoscope after use of cerumenolytics.<sup>3</sup>

**Manual Irrigation:** If the use of cerumenolytics has not been successful, irrigation may be indicated in accordance with the following procedure:

1. Obtain verbal consent from the patient or legally appointed decision maker for the nurse to perform ear syringing to treat symptomatic cerumen impaction and document accordingly.
2. Perform hand hygiene and don appropriate PPE.
3. The patient should be in a sitting position with head tilted slightly forward and toward the affected ear draped with a water-proof cape or pad and holding a basin under the ear.<sup>2</sup>
4. Fill the appropriate equipment (eg. Elephant Ear /Rhino Ear/syringe) with warm tap water - body temperature is 37 C (water that is too hot or too cool can affect the semicircular canals and cause nausea, vomiting and vertigo).<sup>2</sup> Normal saline or dilute 1:10 hydrogen peroxide may also be used in consultation with the MRP.<sup>3</sup>
4. Expel air from the syringe/tubing.
5. Put traction on the pinna to straighten the canal – upwards and posteriorly. If necessary, clean the outer ear and the meatus of the ear canal using a water-moistened washcloth to avoid introducing foreign matter into the ear canal.<sup>2</sup>
6. The tip of the syringe/tubing should be placed in the external canal only and should not be placed past the lateral one third of the ear canal (usually no more than 8mm into the canal).<sup>3</sup> Do not block the meatus, doing so can impede backflow and raise pressure in the canal. Fill the canal gently with warm water before actual syringing.<sup>2</sup>
7. Aim the water jet upward and toward the posterior ear canal above the impaction, not directly at the tympanic membrane. Do not press too forcibly. <sup>2</sup>
8. If using the Elephant Ear method, position the flexible tubing at the supero-posterior part of the ear canal above the impaction and gently, but frequently pump the water into the ear.

	<p>9. Throughout the irrigation, check the return flow for cerumen and fluids, and monitor the patient’s tolerance of the procedure. Advise patient to notify you immediately if experiencing pain, dizziness, or nausea.<sup>2</sup> If patient reports any of these symptoms, discontinue ear flushing immediately, assess the patient and tend to patient needs.</p> <ul style="list-style-type: none"> <li>○ If using the syringe method, up to 5 syringing applications should be attempted, ensuring to stop after each syringe to inspect the ear canal and assess the patient.</li> <li>○ If using the Elephant or Rhino Ear Irrigation System, a maximum of one full bottle of water per ear is used for removal of cerumen.</li> </ul> <p>10. After the procedure, reexamine the internal ear to confirm removal of the impaction and assess the integrity of the tympanic membrane. Examine the ear canal for otitis externa. If attempt at syringing was not effective in cerumen removal, have the patient use a cerumenolytic agent for 3-7 days prior to attempting reirrigation<sup>3</sup>.</p> <p>11. Provide patient education regarding management and preventative care for their cerumen impaction.<sup>2,3</sup></p> <p>12. Provide patient education regarding when to return to clinic or seek additional care including ear pain, drainage, bleeding or unresolved symptoms after irrigation and/or cerumenolytic use.<sup>3</sup></p> <p>13. Complete documentation in the patient’s medical record according to CRNA Documentation Standards (2022c) and ESPCN Clinical Documentation Policy. The documentation should include a reference to the ESPCN Protocol and procedure: Treatment of Symptomatic Cerumen Impaction.</p>
<p><b>References</b></p>	<ol style="list-style-type: none"> <li>1. Alberta Health Services (Revised 2020) Care of Ear Cleaning Equipment. Retrieved from <a href="https://www.albertahealthservices.ca/assets/info/hp/ipc/if-hp-ipc-guideline-ear-cleaning-equipment-education.pdf">https://www.albertahealthservices.ca/assets/info/hp/ipc/if-hp-ipc-guideline-ear-cleaning-equipment-education.pdf</a> <a href="https://www.albertahealthservices.ca/assets/info/hp/ipc/if-hp-ipc-guideline-ear-cleaning-equipment.pdf">hi-ipc-guideline-ear-cleaning-equipment.pdf</a></li> <li>2. Lippincott. (May 2025). <a href="#">Cerumen Impaction Removal, Cerumen Impaction Removal, Pediatric</a></li> <li>3. Dinces, E.A. (2025) Cerumen. Retrieved from <a href="http://www.uptodate.com/contents/cerumen">http://www.uptodate.com/contents/cerumen</a></li> <li>4. American Academy of Otolaryngology, Clinical Practice Guideline (2017): <a href="#">Earwax (Cerumen Impaction)</a></li> </ol>

