

This decision support tool is effective as of October 2016. For more information or to provide feedback on this or any other decision support tool, email certifiedpractice@crnbc.ca

ADULT CERUMINOSIS (IMPACTED CERUMEN)

DEFINITION

Obstruction of the ear canal with wax (cerumen)

Potential Causes

- Cerumen is produced naturally in the ear canal and is normally cleared by the body's own mechanisms.
- Occasionally, cerumen is produced in excessive amounts and partially or totally occludes the ear canal.

Predisposing Risk Factors

- Narrow ear canals
- Hairy ear canals
- In ear hearing aids
- Cotton swab use
- Osteomata
- Use of ear protection
- Drier cerumen production or overproduction

Typical Findings of Ceruminosis

History

- Conductive hearing loss
- Ear pain
- Sensation of fullness
- Itching
- Tinnitus
- Vertigo
- Cough
- Dizziness

Physical Assessment

- Hardened cerumen in canal
- Red and swollen canal
- Obscured tympanic membrane
- Partial or complete obstruction of ear canal by cerumen

CRNBC monitors and revises the CRNBC certified practice decision support tools (DSTs) every two years and as necessary based on best practices. The information provided in the DSTs is considered current as of the date of publication. CRNBC-certified nurses (RN(C)s are responsible for ensuring they refer to the most current DSTs.

The DSTs are not intended to replace the RN(C)'s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the DST.

MANAGEMENT AND INTERVENTIONS

Goals of Treatment

- Remove cerumen
- Treat any underlying canal irritation

Non-Pharmacological Interventions

TO BE CARRIED OUT ONLY IF TYMPANIC MEMBRANE IS INTACT

- Soften cerumen with slightly warmed mineral oil or olive oil for several days before attempting irrigation unless there are bothersome symptoms such as pain or vertigo
- Inject lukewarm water upwards within ear canal with an ear syringe until cerumen is cleared
- After cerumen removal, examine ear for otitis externa or tympanic membrane (TM) perforation
- Manual debridement should be done by a physician or nurse practitioner

Note 1: Irrigation should not be performed if the TM is known to be perforated, there is a history of ear surgery, the cerumen is not completely occluding the ear canal, if previous irrigations caused pain, or if the client is known to have anatomic abnormalities such as congenital malformations, exostosis, scar tissue or chronic otitis externa

Note 2: Clients who are immunocompromised or diabetic have a greater risk for otitis externa following irrigation and should be followed up after the procedure.

PHARMACOLOGICAL INTERVENTIONS

Administer Cerumenex® or Colace® drops as ear drops before syringing (if available) (though warm saline or oil are also effective)

NOTE: Cerumenex® should not be left in the ear canal for more than 30 minutes and should be followed by irrigation. It should not be used in clients with otitis externa, a history of TM perforations or otologic surgery.

Potential Complications

- Hearing loss
- Vertigo
- Otitis externa
- TM perforation

Client Information and Discharge Education

- Explain disease course and expected outcome
- If asymptomatic, cerumen does not need to be removed as it has protective, emollient and bacteriocidal properties
- Suggest not using cotton swabs for ear hygiene
- Return to clinic if no improvement

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- To prevent ceruminosis, suggest client use a bulb syringe with warm water or allow warm water into ears with bathing or swimming
- Weekly irrigation with 70% isopropyl alcohol reported to reduce cerumen accumulation

Monitoring and Follow-up

- Return to clinic in three days if symptoms persist or if immunocompromised (see above)

Consultation and/or Referral

- Consult or refer to a physician or nurse practitioner if complicated (e.g., TM is not intact), and does not respond to treatment or if debridement is required

DOCUMENTATION

As per agency policy

REFERENCES

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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