

Aural Instrumentation Guidelines

INTRODUCTION

This is a guideline for aural instrumentation to be carried out by a trained health professional

PURPOSE

Aural instrumentation is used to remove wax and debris from the external auditory meatus (EAM)

EVIDENCE

In order to provide the patient with effective and safer ear care this document was originally produced by the 'Action On ENT' Steering Board (2002) and endorsed by the Royal College of General Practitioners, The Royal College of Nursing, The Primary Ear Care Centre and the Medical Devices Agency. It has subsequently been revised by the Primary Ear Care Trainers (2017).

SCOPE

This procedure is only to be carried out by a trained health professional, doctor, audiologist or health support worker, with recognised ear care training

These notes are to be used as a guide: when the practitioner has developed their skills they can use their own clinical judgement on the most appropriate method and instrument to remove wax.

EQUIPMENT REQUIREMENTS:

- Otoscope
- Otoscope Speculae
- Head mirror and light or headlight and spare batteries
- Jobson Horne probe or carbon curette
- Henckel crocodile or alligator forceps
- Wax hook
- Tissues
- Sharps bin
- Disposable gloves

PROCEDURE

This procedure should be carried out with both participants seated and under direct vision, using a headlight or head mirror and light source.

1. Examine the ear using an otoscope.
2. Hard, crusty wax can often be gently manoeuvred out of the external auditory meatus with a ring probe, using a headlight or external light source for illumination. Experienced practitioners may prefer to use a wax hook or Henckel/crocodile forceps. If this treatment becomes painful, do not continue as the meatal lining quickly becomes traumatised, risking infection. Instruct the patient according to your clinical judgement. A possible treatment could be to use olive oil inserted correctly for up to 1 week. The patient can then return for irrigation, microsuction or further

instrumentation. Excessive soft wax or crumbly wax and debris can be wiped out with cotton wool wound onto a Jobson Horne probe (using aural toilet guidelines) or removed by microsuction or irrigation.

3. If a perforation is suspected behind the wax, advise the patient to use olive oil in very small amounts, but to stop using it if they experience any pain.
4. Give advice regarding ear care and any relevant information.
5. Document what was observed in both ears, the procedure carried out, the condition of the tympanic membrane and external auditory meatus and treatment given. Findings should be documented according to the NMC guidelines for documentation.

RISK FACTORS

Potential complications during and following procedure:

- Patient cough
- Trauma
- Infection

DEFINITIONS AND ABBREVIATIONS

Carbon curette - plastic probe with serrated end used in ear care

Jobson Horne – probe with a serrated end used in ear care

Speculae – otoscope ends

Henckel, crocodile and alligator forceps – single use metal instruments used in ear care

RELATED GUIDANCE

Ear Care Guidance Document 2014

This document will be reviewed every three years unless such changes occur as to require an earlier review.

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