

GUIDELINE FOR AURAL INSTRUMENTATION

PROCEDURAL INFORMATION

SECTION 1 PROCEDURAL INFORMATION

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Document History Summary

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1. INTRODUCTION

This is a guideline for aural instrumentation to be carried out by a trained healthcare worker

2. 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 Ear care centre (2022).

3. DEFINITIONS AND ABBREVIATIONS

3.1. Definitions

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

3.2. Abbreviations

None

4. PURPOSE

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

5. SCOPE

This procedure is only to be carried out by a suitably trained healthcare 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.

6. GUIDANCE

EQUIPMENT REQUIRED

- Otoscope
- Otoscope Speculae
- Head light
- 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 other suitable 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 to use olive oil inserted correctly for 3-5 days prior to their next appointment. 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, Earol can be useful for patients with perforations as only a fine mist is delivered. Advise patients 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.

6. All contaminated equipment and PPE should be disposed of in clinical waste, with sharp instruments to be disposed of in appropriate sharps disposal

RISK FACTORS

Potential complications during and following procedure:

- Patient cough
- Trauma
- Infection

7. RELATED DOCUMENTS AND GUIDANCE

Ear Care Guidance Document 2014 .

**GUIDELINE FOR AURAL MICROSUCTION
PROCEDURAL INFORMATION**

**SECTION 2
DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND
MONITORING**

8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Clinical governance group - Ear Care and Audiology at Rotherham NHS Foundation Trust

9. APPROVAL OF THE DOCUMENT

TRFT – Ear Care and Audiology - Clinical Governance Group

10. RATIFICATION OF THE DOCUMENT

This document was ratified by the Clinical Governance Group

11. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years by the ear care specialist nurse team unless such changes occur as to require an earlier review.

12. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Library & Knowledge Services via " policies " email.	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform DRG Admin Support if a revision and which document it replaces and where it should be located on the Hub. Ensure all documents templates are uploaded as word documents.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments / Matrons	Author	Meeting / Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments / Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies

To be disseminated to	Disseminated by	How	When	Comments
				Instruct them to inform all staff of the policy including those without access to emails

13. IMPLEMENTATION AND TRAINING PLAN

This document references current practice and will be reviewed annually by all relevant staff.

14. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

14.1. Process for Monitoring Compliance and Effectiveness

Audit / Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Local Procedures	On going review	Internal peer review	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service
Staff Awareness	On going with annual update	Lead ear care nurse Head of service	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service

14.2. Standards/Key Performance Indicators (KPIs)

- KLOE S1
- KLOE E1
- KLOE E3
- KLOE R1
- KLOE W4