

Care and Treatment Plan: Ceruminosis (Impacted Cerumen) – Adult

Definition

An accumulation of cerumen causing symptoms, preventing needed assessment of the ear, or both.

Registered Nurses with **Remote Nursing** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat adults with ceruminosis (impacted cerumen).

Management and Intervention

If Tympanic Membrane is Intact

Softening or Emulsifying Cerumen

- 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
- Administer warm water or saline as ear drops for 10-15 minutes before syringing

Note: triethanolamine polypeptide oleate-condensate (Cerumenex) and carbamide peroxide (Murine) appear no more effective than saline.

Irrigation

- 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

Debridement

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 factors which increase the risk of complications of irrigation such as anticoagulant therapy, immunocompromised state, diabetes mellitus, prior radiation therapy to the head and neck, ear canal stenosis or exostosis.

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.

Potential Complications of Irrigation

- Vertigo
- Otitis externa
- TM perforation
- Nystagmus and vertigo

Client Education and Discharge Information

- Explain disease course and expected outcome
- If asymptomatic, cerumen does not need to be removed as it has protective, emollient and bactericidal properties
- Suggest not using cotton swabs for ear hygiene (or inserting other objects into the ear)
- Return to clinic if no improvement
- To prevent ceruminosis, suggest client use a bulb syringe with warm water or allow warm water into ears with bathing or swimming
- 70% isopropyl alcohol or hydrogen peroxide drops 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 (TM is not intact), or 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 References List may have been published since this DST was published. If you have a newer version, please use it.

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