

**Memorandum of Understanding (MOU) for the
VA Portland Health Care System between
Department of Veterans Affairs, (VAPORHCS) and
American Federation of Government Employees (AFGE), AFL-CIO
National VA Council 53, AFGE Locals 2157 and 2583**

The following constitutes an agreement between The VAPORHCS within VISN 20, and the American Federation of Government Employees (AFGE), AFL-CIO, National VA Council #53 (NVAC), AFGE Local 2157 & AFGE Local 2583, the parties have reviewed and agreed upon the appropriate arrangements and procedures regarding the Ear Irrigation Cerumen Impaction.

- The *parties* met on January 8, 2024, and agreed to the Ear Irrigation Cerumen Impaction. The agreed upon document will be attached to this MOU.

Denise L Lieb
NVAC 11th District Representative
President AFGE Local 2583
Chief Negotiator, Labor

Nicole Woods
Associate Chief Nurse, VAPORHCS
Chief Negotiator, Management

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Yvonne Angel
President AFGE Local 3197

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EAR IRRIGATION/CERUMEN IMPACTION STANDARD OPERATING PROCEDURE

SOP 57-07

VA Portland Health Care System
Portland, OR 97239

Service Line(s):
Primary Care Division, Audiology and
Speech-Language Pathology Service

Signatory Authority:
Associate Chief Nurse Primary Care

Effective Date:
January 08, 2024

Chief of Audiology and Speech-
Language Pathology Service

Recertification Date:
January 31, 2029

Responsible Owner:
Associate Chief Nurse Primary Care

1. PURPOSE AND AUTHORITY

a. The purpose of this standard operating procedure (SOP) is to establish consistent criteria, define responsibility, and delineate a process for nursing staff to safely remove ear cerumen for established patients assigned to a Patient Aligned Care Team (PACT) within VA Portland Health Care System Primary Care Division (PCD) at the main campus and surrounding Community Based Outpatient Clinics (CBOCs).

b. This SOP must be followed by all employees within the Primary Care Division who perform ear irrigation and cerumen removal and Audiologists who request ear irrigation to be completed by primary care staff.

c. There is no governing document.

2. PROCEDURES

a. Review Precautions.

(1) **Contraindications for Cerumen Removal.**

- (a) Recent ear surgery
- (b) History of hearing ability in only one ear and may potentially have complete loss of hearing
- (c) Diagnosis of ruptured tympanic membrane, perforation, or tube presence
- (d) History of ear disease, trauma of the auditory canal, or surgery of middle ear, ear canal stenosis
- (e) Current ear infection or other conditions/diseases of the ear canal
- (f) Compromised immunity



(g) Pain with irrigation

(2) **Precautions for Cerumen Removal.**

(a) If cerumen irrigation is required in patients with Diabetes or on Anticoagulation Therapy. Increased risk of infection or bleeding must be discussed with the patient. If the patient is in agreement to proceed with procedure, instruct them to report any purulent drainage (otorrhea) and/or new ear pain (earache) to clinic team.

(3) Nurses must receive training and have a completed competency prior to conducting ear irrigation.

b. **Equipment and Supplies.** 30 or 60 cc Luer-lock syringe, Emesis basin, Otoclear tips (IFCAP 56880), water, gloves, otoscope, fluid impermeable pads, gauze pad towels, washcloths, optional adjustable light, face shield, goggles, cotton pledget.

c. **Procedures.**

(1) Verify that an order has been placed for ear irrigation. Orders must be placed in the computerized documentation system. Verbal orders are not allowed.

(2) Inform patient of risk/benefits, and provide patient education.

(a) Education regarding the irrigation procedure.

(b) Nursing home care regarding the use of cerumenolytic agents if applicable

(c) How to properly cleanse the canal to prevent wax accumulation

(3) Perform hand hygiene before patient contact.

(4) Verify the correct patient identify using two identifiers.

(5) Review the patient's record for a history of a ruptured tympanic membrane, trauma of the auditory canal or surgery, the presence of tubes, and diabetes. If one of these conditions is identified, notify the provider to determine the safety of performing irrigation.

Use caution if cerumen irrigation is required in patients with diabetes or immunocompromised. There is an increased chance of infection in these patients, and a higher incidence of malignant otitis externa among patients with diabetes or compromised immunity following cerumen irrigation with tap water or sterile H2O. Nurses will not attempt to manually remove ear wax using curette or other devices.

(6) Visualize the patient's tympanic membrane using an otoscope.

(7) Assess the pinna and external auditory meatus for redness, swelling, drainage, abrasions. Notify the provider if an active infection is suspected.

- (8) Assess the auditory canal for cerumen or foreign objects.
- d. If cerumenolytics are ordered, the provider may instruct patient to use the cerumenolytics for three days, then return to the clinic for cerumen impaction removal.
- e. Assist the patient to a sitting position with his or her head tilted toward the affected ear. Place a towel under the patient's ear and over shoulder. If the patient is able, he or she can hold an emesis basin under the affected ear.
- f. Connect the OtoClear tip to the syringe by grasping the OtoClear tip and twist it onto the Luer-lock fitting of the syringe bulb.
- g. Fill an emesis basin with warm water (approximately body temperature 98.6 degrees Fahrenheit or 37 degrees Celsius).
- h. Draw the irrigation solution into the syringe and expel any air
- i. Gently pull the pinna up and back.
- j. Fully insert the OtoClear tip into the ear canal positioning the tip of the syringe at the meatus of the auditory canal. With the patient's head tilted toward the affected ear slowly instill the solution into the ear, do not block the meatus:

Tip: The flared design of the OtoClear protects against over-insertion. Fully inserting the OtoClear device will help eliminate backsplash.

CAUTION: Discontinue irrigation if pain, bleeding, irritation or trauma to the ear canal or tympanic membrane occurs and notify the provider immediately.
- k. Remove the syringe when it is empty and inspect the return flow for particles, cerumen, blood, or foreign matter.
- l. Re-examine the ear canal. Repeat the irrigation procedure as needed. Sometimes a large plug of wax will not exit through the ear meatus. In these cases, contact the PCP for manual removal of the remaining cerumen.
- m. When exam completed, dry the remaining water in the outer ear.
- n. Dispose of all the used ear irrigation equipment in the regular trash can.
- o. Remove gloves and wash hands.
- p. **Document procedure.** Documentation in the computerized documentation system should include:
 - (1) Date and time of the irrigation
 - (2) Ear irrigated (left, right, etc.)

- (3) The appearance of the canal before and after irrigation
 - (4) Type and amount of irrigant
 - (5) Patient tolerance, pain, discomfort, etc.
 - (6) The appearance of the return flow
 - (7) Assessment of hearing acuity
 - (8) Home care instructions if applicable
- q. Provide post procedure care instructions, if any, to the patient.

3. ASSIGNMENT OF RESPONSIBILITIES

a. **Audiologist.** Audiologists are responsible for assessing patients for cerumen impaction. Responsible for alerting primary care providers (PCP) that ear irrigation is required by placing a note in CPRS and adding the appropriate provider on the note as an additional signer. PCP will enter the order using the appropriate order menu and clinic location.

b. **Registered/ Licensed Practical Nurses.** Registered/ Licensed Practical Nurses are responsible for assessing patients to determine if ear irrigation is appropriate, administering medications as prescribed by PCP, and performing manual ear irrigation in non-complex cerumen impactions.

c. **Providers.** Providers are responsible for ordering ear irrigation to include any cerumenolytics and/or consulting ENT Specialty Clinic for complex ear irrigations.

d. **Licensed Practical Nurses/Health Technicians.** Licensed Practical Nurses/Health Technicians are responsible for providing ear lavage delegated by provider or registered nurse.

4. DEFINITIONS

- a. None.

5. REFERENCES

a. Bionix Medical Technologies. (2014). OtoClear® ear irrigation tips with Gentle Touch™ design: How to use. Retrieved May 23, 2015, from http://www.bionixmed.com/MED_Pages/OtoClear-Ear-Irrigation-How.html Lippincott (2013). Lippincott nursing procedures. Retrieved from <https://ebookcentral.proquest.com>

b. MCM 11-64, Verbal, Telephone, and Policy Orders, dated December 11, 2015, <https://dvagov.sharepoint.com/sites/VHAPOR/QP/Medical%20Center%20Memorandums/Forms/Standard%20MCM.aspx>

c. Roland, P.S. and others. (2008). Clinical practice guidelines: Cerumen impaction. Otolaryngology—Head and Neck Surgery, 139(3 Suppl. 2), 1-21. doi:10.1016/j.otohns.2008.06.026 (classic reference).

d. Schwartz. S., Magit, A.E., Rosenfeld, R.M., Ballachanda, B.B., Hackell, J.M., Krouse, H.J., Lawlor. C.M., Walsh S., Woodson, E.A., Yanagisawa, K., Cunningham., E. R. (2017). American Academy of Otolaryngology- Head and Neck Surgery. 156(1S). S1-S29. Doi:10.1177/0194599816671491.

6. REVIEW

This SOP is scheduled for review, at minimum at recertification, and any regulatory requirement for more frequent review. documented.

7. RECERTIFICATION

This SOP is scheduled for recertification on or before the last working day of January 2029 – 5 years from effective date. In the event of contradiction with national policy, the national policy supersedes and controls.

8. SIGNATORY AUTHORITY

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Acting Associate Chief of Staff - Primary Care Division

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Chief of Audiology and Speech-Language Pathology Service

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*

DISTRIBUTION: SOPs are available at:
<https://dvagov.sharepoint.com/sites/VHAPOR/QP/SOPs/Forms/AllItems.aspx>

Union Review and Concurrence

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