

# MVH - PROCEDURE

ORIGINAL DATE: 05/18

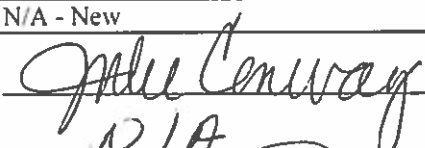
REVISED:

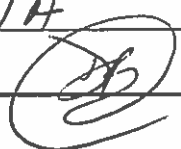
**SUBJECT:** MEDICATION ROUTE: Ear

**PURPOSE:** To outline care objectives and procedures for the clinical management of medication administered via the ear.

**PROCEDURE:**

1. MVH has adopted the VNAA recommended Hospice and Palliative Care approach as outlined in Section: 12.07. (See attached)

Nature of Change	N/A - New
CCO Signature:	 _____
	5/24/18 Date
CEO Signature:	N/A _____
	_____ Date



**KEY POINTS**

1. Internal ear structures are very sensitive to temperature, touch and pressure:
  - a. Drops should be warmed to at least room temperature (about 70 °F). Cold ear drops can cause severe dizziness and nausea.
  - b. Do not occlude ear canal with dropper. Occlusion will cause pressure on canal and eardrum.
  - c. Do not force solution into ear.
2. To warm drops to comfortable temperature:
  - a. Put in your pocket for several minutes.
  - b. Give to patient to hold close to body for several minutes.
3. Outer ear is not sterile, but sterile drops and solutions are used in case eardrum is ruptured. Entrance of non-sterile solution into the middle ear can cause serious infection.
4. If excessive accumulation cerumen (ear wax) is visible at canal entrance, gently remove from entrance with a cotton-tipped applicator. Do not insert applicator into ear canal.

**EQUIPMENT**

Gloves, use if patient has drainage from ear  
 Medication bottle with dropper  
 Cotton-tipped applicator  
 Cotton ball, optional

**PROCEDURE**

1. Check order for medication, dose, frequency, and route including number of drops and which ear(s).
2. Warm drops in bottle with patient's body heat.
3. Identify patient using two identifiers. Explain procedure.
4. Adhere to standard precautions. Perform hand hygiene. Assemble equipment.
5. Cleanse hands. Assemble equipment. Adhere to Standard Precautions.
6. Explain procedure to patient or caregiver.
7. Assist patient to side-lying position with ear to be treated facing up. May be in sitting position, with head tipped to side.
8. Gently pull the pinna of the ear:
  - a. Adults and children greater than 3 years: Pull up and outward.
  - b. Children less than 3 years: Pull down and back.
9. If cerumen or drainage occludes outer most portion of ear canal, wipe out gently with cotton-tipped applicator. Do not use to clean ear canal.
10. Hold dropper about 1 cm (1/2 inch) above ear canal.
11. Instill prescribed drops.
12. Ask patient to remain in position for few minutes.
13. Apply gentle massage or pressure to tragus of ear with finger.

14. If order states to insert cotton ball, insert gently. Do not push cotton into canal.
15. Remove cotton after 15 minutes.
16. Dispose of soiled supplies in appropriate receptacle.

**AFTER CARE**

1. Teach patient/caregiver:
  - a. Appropriate administration, if ordered
  - b. Proper cleansing of ears, including not inserting objects into ear canal
2. Document in patient record:
  - a. Medication including name, dose (number of drops), route and which ear(s), time
  - b. Response to medication, including any effects, e.g., dizziness, nausea, changes in hearing
  - c. Instruction given to patient/caregiver and comprehension

**REFERENCES**

- Barstow, N. & Perry, A.G. (2014). Oral and topical medications. In A.G. Perry & P. A. Potter (Eds.), *Nursing skills and techniques* (8<sup>th</sup> ed.) (pp.492-537). St. Louis, MO: Mosby.
- Harrison, R. L. (2014). Safe medication preparation. In A.G. Perry & P. A. Potter (Eds.), *Nursing skills and techniques* (8<sup>th</sup> ed.) (pp.472-491). St. Louis, MO: Mosby.