6.4 Ear health

6.4.3 Instillation of ear drops

Aim

To insert topical medication or wax softener into ears.

Key points

1. To be performed only by staff with appropriate training.
2. For topical medication to be effective, drops must be able to reach the skin surface of the ear. To enable this to occur, the ear must be clean and free of wax or exudate. Tissue spearing or ear irrigation may be required prior to instillation of drops, depending on the condition of the ear. Refer to other related ear health procedures within this manual for further guidance.
3. When using ear drops to treat middle ear infection where perforation exists, it is important that the eardrops go through the perforation in the eardrum and into the middle ear. Sometimes they may track down the Eustachian tube and the patient can taste them.
4. Caution is recommended with the type of ear drops to be instilled where perforation is suspected, as some drops are ototoxic and may result in permanent damage and/or hearing deficit. Seek further medical review for up to date guidance where necessary.
5. Ensure the topical medication is suitable for use, relative to the condition of the child’s ears at the time of examination. Seek medical advice to provide clarity or for any concerns.
6. Administration of any medication by Community health staff, including topical medication, should be in accordance with relevant acts, policy and guidelines which outline duty of care, responsibility and delegation.
7. Community Health staff should follow the organisation’s overarching infection prevention and management policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Equipment

- Otoscope
- Disposable speculae – largest size to fit comfortably in child’s ear
- Ear drops as prescribed and/or indicated
- Equipment for tissue spearing or ear irrigation, as required

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## Procedure

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<th>Steps</th>
<th>Additional Information</th>
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<td>1. Explain the procedure to the parent/carer and the child, and take time to discuss relevant concerns. Obtain verbal consent to proceed.</td>
<td>Encourage parent/carer support and participation with the procedure where possible.</td>
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<tr>
<td>2. Sit the child comfortably with their head tilted horizontally, or lay them on their side.</td>
<td>The child may prefer to sit or lie on the parent’s lap. Horizontal angle assists with drainage of the drops into the ear canal.</td>
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| 3. Pull the back of the pinna gently away from the head to straighten the ear canal.  
Note: Tissue spearing or ear irrigation may be required prior to instillation of drops, depending on the condition of the ear. | For older children, pull pinna back and up. For infants, pull pinna back and down.  
Refer to other related ear health procedures as appropriate. |
| 4. Instil the prescribed/recommended number of drops into the ear canal. | To avoid contamination of the dropper and subsequently the bottle, take care not to allow the tip to touch the ear.  
Pumping promotes deep penetration of the drops down the ear canal, and where perforation exists, into the middle ear. |
| 5. Immediately follow instillation with gentle pressure to the tragus (flap of skin in front of ear canal), pressing several times in a pumping action. |  
This allows time for the medication to be absorbed so that minimal loss will occur with position change. |
| 6. Leave the child with head tilted on this side for 2 - 5 minutes prior to moving them.  |
| 7. Dry excess fluid as necessary. | Leave ear canal open if possible. Plugging the canal is not recommended. |

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Referral pathway
Discuss any concerns with the parent / carer and seek verbal consent for referral to a medical practitioner using the CHS 663- Referral from Community Health form.

Related policies, procedures and guidelines

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<td>6.4.4 Technique for tissue spearing</td>
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Staff should also refer to any service specific policies where applicable.

Useful resources


Commonwealth Department of Health and Ageing, Recommendations for clinical care guidelines on the management of otitis media in Aboriginal and Torres Strait Islander populations. M.S.o.H. Research, Editor 2011.

References