

The profession of audiology is committed to providing auditory and vestibular care through ethical and evidence-based clinical practices that lead to optimal patient outcomes. Standard of practice documents outline basic services that audiologists are expected to include in the provision of quality healthcare. They reflect the values and priorities of the profession, providing direction for professional practice and a framework for the evaluation of practice. Standards of practice are prepared by subject matter experts, based on available evidence, peer-reviewed and subject to periodic updating.

STANDARD FOR CERUMEN MANAGEMENT

1. Cerumen, or earwax, is a secretion of glands that cleans, protects, and lubricates the external auditory canal. Cerumen is typically expelled from the ear by a self-cleaning mechanism, although sometimes cerumen becomes impacted. Cerumen impaction is defined as an accumulation of cerumen that causes symptoms or prevents assessment of the ear canal, tympanic membrane, or audiovestibular system. Complete obstruction is not required.^{3,6,8,16}
2. A thorough audiological and otological patient history is performed to include previous and current medical conditions, prescription medications & OTC supplements, comorbidities, sound sensitivity, and prior experience with cerumen removal.^{3,12,16}
3. Visual inspection of the outer ear, ear canal, and tympanic membrane is performed. The audiologist assesses the presence of cerumen and the amount, location, consistency, and color to determine the need for, and method of, removal.^{3,8,16}
4. The audiologist evaluates any contraindications and determines whether cerumen may be safely removed. Need for medical referral is provided when appropriate.^{3,6,8,16}
5. Universal precautions and infection control measures are used to prevent transmission of blood-borne pathogens and other potential infectious agents.^{4,10,11,12,14}

6. Cerumen is removed via instrumentation, irrigation, and/or suction methods as determined safe and effective by the audiologist. Adequate illumination and appropriate magnification is employed during the removal procedure.^{3,6,8,16}
 7. Cerumenolytics may be used in the management of cerumen impaction.^{1,7,9,13,17}
 8. Following removal, visual inspection is performed to assess status of the ear canal and tympanic membrane.^{3,16}
 9. Patients are counseled regarding follow-up care and ear hygiene.^{3,5,16,18}
 10. Written documentation of decisions, procedures and outcomes is maintained as part of the patient record.^{2,3}
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DISCLAIMER

Adherence to this standard will not ensure successful treatment in every situation. Furthermore, this standard should not be deemed inclusive of all appropriate methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the audiologist and the patient, in light of all the circumstances presented by the individual patient. This standard reflects the best available data at the time the standard was prepared. The results of future studies may require revisions to this standard to reflect new data.

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