

*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.<sup>3,6,8,16</sup>
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.<sup>3,12,16</sup>
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.<sup>3,8,16</sup>
4. The audiologist evaluates any contraindications and determines whether cerumen may be safely removed. Need for medical referral is provided when appropriate.<sup>3,6,8,16</sup>

5. Universal precautions and infection control measures are used to prevent transmission of blood-borne pathogens and other potential infectious agents.<sup>4,10,11,12,14</sup>
  6. Cerumen may be removed via mechanical, irrigation, and/or suction methods as determined safe and effective by the audiologist.<sup>3,6,8,16</sup>
  7. Cerumenolytics may be used in the management of cerumen impaction.<sup>1,7,9,13,17</sup>
  8. Following removal, visual inspection is performed to assess status of the ear canal and tympanic membrane.<sup>3,16</sup>
  9. Patients are counseled regarding follow-up care and ear hygiene.<sup>3,5,16,18</sup>
  10. Written documentation of decisions, procedures and outcomes is maintained as part of the patient record.<sup>2,3</sup>
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