Exclusion criteria:

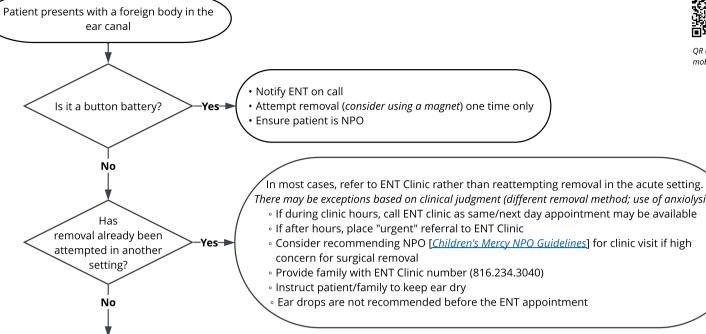
 Cerumen impaction confirmed by otoscopic evaluation, refer to Cerumen **Impaction Clinical Pathway**

Patient presents with a foreign body in the ear canal



Complicating Factors:

- Penetrating injury
- Deep object against tympanic membrane
- Unable to visualize the tympanic membrane
- Severe pain
- History of ruptured tympanic membrane
- Trauma of the auditory canal
- History of ear surgery
- Tympanostomy tube(s)



- There may be exceptions based on clinical judgment (different removal method; use of anxiolysis). • If during clinic hours, call ENT clinic as same/next day appointment may be available
 - If after hours, place "urgent" referral to ENT Clinic
 - Consider recommending NPO [Children's Mercy NPO Guidelines] for clinic visit if high concern for surgical removal
 - Provide family with ENT Clinic number (816.234.3040)
 - Instruct patient/family to keep ear dry
 - Ear drops are not recommended before the ENT appointment

Attempt Foreign Body Removal

- Consider Child Life consult and use of single dose anxiolysis if indicated
- Be aware of trauma with multiple attempts. If no progress after one attempt, consider discontinuing the procedure, especially if there are complicating factors. Only one attempt is recommended for round, smooth objects such as beads as they may be pushed deeper.
- Attempt removal following the helpful hints below

Expandable Object / Unknown Object

(e.g., organic food matter, orbeez/ water beads, foam)

Do not attempt irrigation

- · Consider the following methods:
- Suction with a mushroom tip (low wall suction setting [around 100 - 140 mmHg])
- Skin glue applied to the blunt end of a cotton applicator, if able to visualize object at the point of contact and patient can be still as it dries
- Ear curette or alligator forceps to remove the object

Non-Expandable Object

(e.g., beads, pebbles, buttons)

- May use suction with a mushroom tip (low wall suction setting [around 100 -140 mmHg]), or an ear curette or alligator forceps to remove the object
- If using suction, warn the patient about the noise of the suction
- May consider irrigation, following discussion of risks with family

Live Insect

- Do not attempt irrigation
- · Instill solution to kill the insect
- If the tympanic membrane is intact: Topical lidocaine
- If the patient has tympanostomy tubes or if the tympanic membrane is not intact: Mineral oil
- Extract the insect using suction with a mushroom tip (low wall suction setting [around 100 - 140 mmHg]) or alligator forceps

Irrigation for Foreign Body Removal Potential Risks:

- · May lodge the object deeper in the canal for which surgical intervention is required
- If expandable, irrigation could cause the object to expand
- Irrigation is uncomfortable for the patient

Irrigation Instructions

Was the foreign body successfully removed?

- Re-examine ear canal and tympanic membrane
 - If ear canal looks damaged or irritated, prescribe antibiotic drops (steroid drops are not routinely indicated unless there is a lot of *inflammation in the ear canal*)
 - If ear canal appears normal, ear drops are not indicated
 - Be sure to check both ears and nostrils to ensure there are no other foreign bodies
- If during clinic hours, call ENT clinic as there may be same/next day availability. If after hours, place referral to ENT clinic to be seen within 1 - 2 days (urgent referral in electronic medical record. Consider recommending NPO [Children's Mercy NPO Guidelines] for clinic visit if high concern for surgical removal)
 - Provide family with ENT Clinic telephone number (816.234.3040)

No

- · Instruct patient/family to keep ear dry
- Ear drops are not recommended before the ENT appointment

Contact: <u>EvidenceBasedPractice@cmh.edu</u>

Link to: synopsis and references

Last Updated: 12.09.2025