



Ear Foreign Body Clinical Pathway Synopsis

Ear Foreign Body Algorithm

Exclusion criteria:

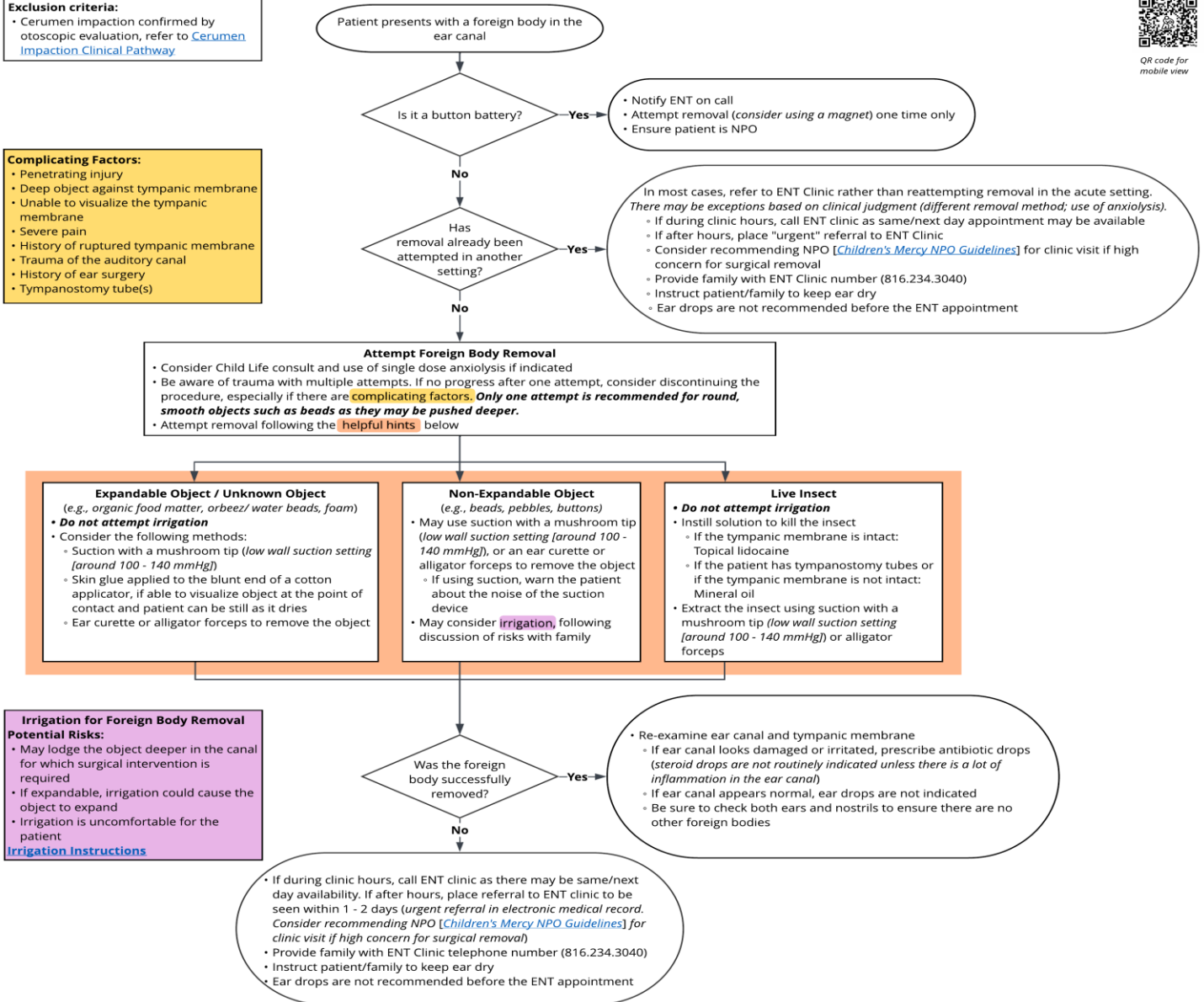
- Cerumen impaction confirmed by otoscopic evaluation, refer to [Cerumen Impaction Clinical Pathway](#)

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)



QR code for mobile view



These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.



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Objective of Clinical Pathway

The Ear Foreign Body Clinical Pathway provides care standards for the patient who presents with a foreign body in the ear canal. It provides guidance for management and the processes to follow when removal has been attempted at another setting or has been unsuccessful.

Background

Foreign bodies in the external auditory canal are most commonly encountered in children, particularly those under 5 years of age (Cantu, 2024; Karimnejad et al., 2017; Lotterman et al., 2025; Mingo et al., 2019; Weksler et al., 2022). These objects vary widely in type, including popcorn kernels, beads, live insects, and button batteries, and differ in the urgency required for removal (Cantu, 2024; Karimnejad et al., 2017; Lotterman et al., 2025; Mingo et al., 2019; Weksler et al., 2022). Ear foreign bodies may be discovered by providers across various practice settings (Cantu, 2024; Karimnejad et al., 2017; Lotterman et al., 2025; Mingo et al., 2019; Weksler et al., 2022).

Successful removal depends on several factors, including the type and location of the object, the availability of equipment, the provider's expertise, and the patient's cooperation and tolerance (Cantu, 2024; Karimnejad et al., 2017; Lotterman et al., 2025; Mingo et al., 2019; Weksler et al., 2022). Importantly, multiple removal attempts have been associated with an increased likelihood of requiring surgical intervention (Karimnejad et al., 2017; Lotterman et al., 2025; Mingo et al., 2019). Given the variability in management and the potential for complications, the Ear Foreign Body Clinical Pathway aims to guide providers on appropriate removal techniques and when to consult or refer to otolaryngology (ENT).

Target Users

- Physicians (Emergency Medicine, Urgent Care, Ambulatory Clinics, Fellows, Resident Physicians)
- Advanced Practice Nurses
- Nurses

Target Population

Inclusion Criteria

- Patients presenting with a foreign body in the ear canal

Exclusion Criteria

- Patients who have a cerumen impaction confirmed by otoscopic evaluation, please refer to the [Cerumen Impaction Clinical Pathway](#)

Practice Recommendations

In lieu of a clinical practice guideline addressing the management of ear foreign bodies in pediatric and adolescent patients, guidance from pediatric ear foreign body literature was used in conjunction with the expert consensus of the Ear Foreign Body Clinical Pathway Committee to inform the acute management and referral guidance in this pathway

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

Updates from Previous Versions of the Clinical Pathway

- The Ear Foreign Body Clinical Pathway is a newly developed evidence-based pathway with no previous version for comparison

Measures

- Utilization of the Ear Foreign Body Clinical Pathway
- Referrals to the Otolaryngology (ENT) Clinic

Value Implications

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and reducing costs and resource utilization for healthcare facilities.

- Decreased risk of overtreatment (i.e., prescribing steroid drops when they are not indicated)
- Decreased unwarranted variation in care

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- Decreased need for referral or transfer if foreign body can be safely removed in the ambulatory or acute care setting
- Prompt referral to ENT, when indicated

Organizational Barriers and Facilitators

Potential Barriers

- Variability of the acceptable level of risk among providers
- Variability in experience among clinicians
- Need for effective communication and coordination among clinicians and specialties
- Challenges with access to healthcare and health literacy faced by some families

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Anticipated high rate of use of the clinical pathway

Bias Awareness

Our goal is to recognize social determinants of health and minimize healthcare disparities, acknowledging that our unconscious biases can contribute to these inequities

Order Sets

- There are no order sets associated with this clinical pathway

Associated Policies

- Otic Foreign Body Removal: Advanced Practice Clinical Skills – Patient Care Policy (under revision)
- Ear Irrigations Clinical Skills – Patient Care Policy (under revision)

Educational Materials

- There are no educational materials associated with this clinical pathway

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Ear Foreign Body Clinical Pathway Committee, composed of content experts at Children's Mercy. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Ear Foreign Body Clinical Pathway Committee Members and Representation

- Amanda Nedved, MD | Urgent Care | Committee Co-Chair
- Sheri Pratt, BSN, RN, CPN | Urgent Care | Committee Co-Chair
- Gretchen Range, RN, BSN, CPN | Urgent Care | Committee Co-Chair
- Laura Neff, MD, MPH | Otolaryngology (Ear, Nose, and Throat) | Committee Member
- Sonali Ramesh, MD | Pediatric Emergency Medicine Fellow | Committee Member
- Vivek Dubey, MD | Emergency Medicine | Committee Member
- Jennifer Bitner, APRN, FNP-C | Emergency Department | Committee Member
- Holly Reid, BSN, RN | Emergency Department | Committee Member
- Cameron (Cami) Gonzalez, BSN, RN | Emergency Department | Committee Member
- Eileen Calabria, RN, MSN, CPNP, CBC | General Academic Pediatrics | Committee Member
- Scotti Brackett, MSN, APRN, FNP-C, CPN | Urgent Care | Committee Member
- Amy Boren, RN, MSN, CPN | Urgent Care | Committee Member
- JoAnna Van Noy, RN, MSN, CPN | Urgent Care | Committee Member
- Laura Gillard, RN, MSN, CPN | Urgent Care | Committee Member
- Traci Burns, RN, BSN, CPN | Urgent Care | Committee Member
- Tracy Geier, RN, CPN | Urgent Care | Committee Member

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- Malindar Ali, MHA, BSN, RN, CPN | Urgent Care | Committee Member
- Sarah Simons, CNA | Urgent Care | Committee Member
- Staci Hayes, RN, BSN, CPN | Ambulatory Administration/Education Coordinators | Committee Member
- Alisha Dillingham, MSN, RN, CPN | Ambulatory Administration/Education Coordinators | Committee Member
- Erin Todd, BSN, RN, CPN | Ambulatory Administration/Education Coordinators | Committee Member
- Sarah Dierking, MSN, RN, CPHQ | Clinical Practice and Quality | Committee Member
- Shannan Johnson, BSN, RN, CPN | Clinical Practice and Quality | Committee Member
- Jena Servatius, B.S., RDMS, LSSGB, CPST | Ambulatory Administration/Quality Improvement Program Coordinator | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Kelli Ott, OTD, OTR/L | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Urgent Care, Otolaryngology (ENT), Emergency Medicine, General Academic Pediatrics, Nursing, Pharmacy, Ambulatory Administration/Education Coordinators, Clinical Practice and Quality, and Evidence Based Practice.

Conflict of Interest

The contributors to the Ear Foreign Body Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Ear Foreign Body Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

Review Requested

Department/Unit	Date Obtained
Urgent Care	November 2025
Otolaryngology (ENT)	November 2025
Emergency Medicine	November 2025
General Academic Pediatrics	November 2025
Nursing	Emergency Department: November 2025 Urgent Care: November 2025
Ambulatory Administration/Education Coordinators	November 2025
Clinical Practice and Quality	November 2025
Evidence Based Practice	October 2025

Version History

Date	Comments
November 2025	Version one – (algorithm and synopsis developed)
December 2025	Version two – (updated algorithm to reflect same/next day appointment availability in ENT Clinic)

Date for Next Review

- November 2028

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams:

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- Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with Children's Mercy received announcements via "Progress Notes"
- The patient care clinical skills policies were reviewed with updates requested. The policies detail a process for advanced practice nurses to complete ear foreign body removal and for nursing staff to conduct ear irrigations when indicated. These update requests are in process and will be submitted to the Nursing Practice Council Patient Care Policy Committee for approval.
- Care measurements may be assessed and shared with appropriate care teams to determine if changes need to occur.
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

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