Table 30-1 Guidelines for Administering Eardrops

1. Wash your hands with soap and warm water; then dry them thoroughly.
2. Carefully wash and dry the outside of the ear, taking care not to get water in the ear canal.
3. Warm eardrops to body temperature by holding the container in the palm of your hand for a few minutes. Do not warm the container in hot water. Hot eardrops can cause ear pain, nausea, and dizziness.
4. If the label indicates, shake the container.
5. Tilt your head (or have the patient tilt his or her head) to the side as shown in drawing A. Or lie down with the affected ear up as shown in drawing B. Use gentle restraint, if necessary, for an infant or a young child.
6. Open the container carefully. Position the dropper tip near, but not inside, the ear canal opening. Do not allow the dropper to touch the ear, because it could become contaminated or injure the ear. Eardrops must be kept clean.
7. Pull your ear (or the patient’s ear) backward and upward to open the ear canal as shown in drawing A. If the patient is a child younger than 3 years old, pull the ear backward and downward as shown in drawing B.
8. Place the proper dose or number of drops into the ear canal. Replace the cap on the container.
9. Make sure all water is drained from the ear to avoid precipitating the medication from draining out. Use a piece large enough to remove easily, and do not leave it in the ear longer than an hour.
10. Stay (or keep the patient) in the same position for the length of time indicated in the product instructions. If the patient is a child who cannot stay still, the doctor may tell you to place a clean piece of cotton gently into the child’s ear to prevent the medication from draining out. Use a piece large enough to remove easily, and do not leave it in the ear longer than an hour.
11. Repeat the procedure for the other ear, if needed.
12. Gently wipe excess medication off the outside of the ear, using caution to avoid getting moisture in the ear canal.
13. Wash your hands.


Carbamide Peroxide

Carbamide peroxide 6.5% in anhydrous glycerin is approved as safe and effective in softening, loosening, and removing excessive earwax in adults and in children 12 years and older.14 (See Table 30-1 for the proper instillation of eardrops.) Carbamide peroxide is prepared from hydrogen peroxide and urea. When carbamide peroxide is exposed to moisture, nascent oxygen is released slowly and acts as a weak antibacterial. The effervescence that occurs during this process, along with urea’s effect on tissue debriement, helps to mechanically break down and loosen cerumen that has been softened by anhydrous glycerin.

Any cerumen remaining after treatment may be removed with gentle, warm-water irrigation using a rubber otic bulb syringe (Table 30-2). Improper use of an otic syringe or using an oral jet irrigator to remove cerumen can leave excess moisture in the canal or further compress cerumen. These actions can also cause otitis externa, perforated tympanic membrane, pain, vertigo, otitis media, tinnitus (ringing, hissing, or buzzing noises in the ear), and cough.12,15,16

Carbamide peroxide solution is nonirritating and may be used twice daily for up to 4 days. If symptoms persist after 4 days, the patient should see a primary care provider for evaluation.17