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## Checklist and Consent form for Ear Irrigation

Ear irrigation is undertaken using a special machine that directs a jet of water into your ear canal. As with any procedure, there may be possible side effects, which your nurse will discuss with you before starting.

**Irrigation may cause some discomfort but should never cause pain. If you feel pain please tell the Nurse immediately.**

**Please complete the following questions:**

Name.....

DOB.....

### Past history:

|   |          |
|---|----------|
| Previous problem following ear syringing/irrigation | Yes / No |
| Previous perforated ear drum                        | Yes / No |
| Previous operations in or around your ear           | Yes / No |
| Discharge from the ear                              | Yes / No |
| Current or recent ear infection                     | Yes / No |
| Pain or redness in or around the ear                | Yes / No |
| Grommets (now or in the past)                       | Yes / No |
| Permanent deafness in one ear                       | Yes / No |
| Radiation therapy to your head or neck              | Yes / No |
| On blood thinning medicine                          | Yes / No |
| Problems with your immune system                    | Yes / No |
| Skin conditions (e.g. eczema, dermatitis)           | Yes / No |
| Diabetes  | Yes / No |
| Cleft Palate (repaired or not)                      | Yes / No |
| Tinnitus or dizziness (now or in the past)          | Yes / No |
| Use of appropriate ear drops as advised             | Yes / No |

**Answering 'Yes' to some of these questions does not automatically mean you cannot have your ears irrigated. It may mean that you are at higher risk of side effects so we will need to talk through the options and risks with you in more detail.**

### Consent

The nurse has asked questions related to the above conditions. S/he has explained the proposed treatment and given information on ear care and possible complications, including dizziness, nausea, tinnitus, bleeding, infection, hearing loss, perforated ear drum or not clearing the wax.

I understand and consent to the proposed treatment.

Signature.....Date.....

### Nurse

Signature.....Date.....