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Ear Wax Topical Delivery and Vestibular History

Practical 04 / Skills laboratory simulation

Aim

Assess when wax needs management, practise an approved model demonstration and distinguish dizziness histories.

Principle

Wax management depends on symptoms, visual access, membrane integrity and contra-indications. Dizziness descriptors and time course help distinguish vestibular and other causes.

Materials and Requirements

- Ear trainer with mock wax
- Topical device trainer and product instructions
- Fictional dizziness card

Procedure

1. Check the indication, symptoms and previous ear surgery or perforation history in the simulation.
2. Check discomfort, discharge, sudden hearing change, previous surgery and whether the membrane is known to be intact. Ask the supervisor to review contraindications before a model removal choice.
3. Review the instructor's authorised removal demonstration on the model and identify stops, contraindications and referral needs.

Continue with step 4 on the next page.

Procedure Continued

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4. Inspect the model's canal and membrane view, select the correct authorised demonstration and verify role and equipment checks. State which pain, dizziness or limited visibility would stop the attempt.
5. After the trainer sequence inspect and record remaining wax, canal condition and membrane visibility. If unresolved, give the specific reason for referral or repeat review.
6. Demonstrate simulated topical use with the exact supplied product instructions and verify the role-play patient's understanding.
7. Verify the mock product, ear and dose with the case record. Show positioning and device use according to the product card and avoid contact between the dropper tip and ear.
8. For a dizziness case record time course, triggers, hearing symptoms and neurologic warning signs and decide which assessment should follow.
9. Describe a dizziness episode by onset, duration and trigger, and record new hearing or neurological signs. Recheck the person's understanding of safe follow-up or urgent assessment.

Precautions

- Use the model for removal practice. Avoid blind instrumentation or irrigation when contraindicated.
- Escalate acute dizziness with new neurologic signs promptly.

Observations and Interpretation

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Observations and Record

Item	What to record	What it tells you
Wax assessment	Symptoms, membrane status and contraindications	Determines safe route of care
Model skill	Authorised method and stop checks	Recognises when referral is needed
Dizziness history	Duration, triggers and associated signs	Guides urgency and assessment choice

Worked Example

A fictional patient with a history of perforation asks for irrigation. Flag the risk and seek ENT review rather than proceeding with an unverified method.

Result and Interpretation

Document the model demonstration and the appropriate clinical referral or review for each teaching case.

Viva Questions and Answers

When is wax impaction clinically important?

When it causes symptoms or prevents a needed examination.

Why ask about past tympanic membrane perforation?

It can affect the safety of proposed removal methods.

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