

## **DST-FC-201 Ear, Nose & Throat Assessment: Adult**

Nurses with RN First Call Certified Practice designation (RN(C)s) are able to manage the following ear, nose and throat conditions:

- Acute otitis media
- Dental abscess (adult only)
- Pharyngitis

The following assessment must be completed and documented.

### **ASSESSMENT**

#### **History of Present Illness and Review of System**

##### **General**

The following characteristics of each symptom should be elicited and explored:

- Onset (sudden or gradual)
- Chronology
- Current situation (improving or deteriorating)
- Location
- Radiation
- Quality
- Timing (frequency, duration)
- Severity
- Precipitating and aggravating factors
- Relieving factors
- Associated symptoms
- Effects on daily activities
- Previous diagnosis of similar episodes
- Previous treatments
- Efficacy of previous treatments

#### **Cardinal Signs and Symptoms**

In addition to the general characteristics outlined above, additional characteristics of specific symptoms should be elicited, as follows:

##### **Ears**

- Recent changes in hearing
- Compliance with and effectiveness of hearing aid
- Itching
- Earache
- Discharge
- Tinnitus
- Vertigo
- Ear trauma
- Cotton Swab use

### **Nose and Sinuses**

- Rhinorrhea
- Epistaxis
- Obstruction of airflow
- Sinus pain and localized headache
- Itching
- Anosmia
- Nasal trauma
- Sneezing
- Watery eyes

### **Mouth and Throat**

- Hoarseness or recent voice change
- Dental status
- Oral lesions
- Bleeding gums
- Changes of the tongue, e.g. redness, bleeding, lesions
- Sore throat
- Uvula malalignment
- Dysphagia
- White patches on the inner cheeks, tongue, roof of the mouth, and throat
- Redness or soreness
- Cottony feeling in the mouth
- Loss of taste
- Pain while eating or swallowing
- Cracking and redness at the corners of the mouth

### **Neck**

- Pain
- Swelling
- Enlarged lymph glands
- Increasing headache associated with flexing of the neck

### **Other Associated Symptoms**

- Fever
- Malaise
- Nausea or vomiting

### **Medical History (General)**

- Medical conditions and surgeries
- Allergies
- Medication currently used (prescription, oral contraceptives, over the counter)
- Herbal preparations, vitamins, minerals, supplements, and traditional therapies

### **Medical History (Specific to ENT)**

- Frequent ear or throat infections
- Sinusitis
- Trauma to the head or ENT area
- ENT surgery
- Hearing loss or audiometric screening results indicating hearing loss
- Allergies including as seasonal allergies
- Asthma
- Chronic cough
- Meniere's disease
- ENT cancer

### **Personal and Social History (Specific to ENT)**

- Family and close contacts with similar symptoms
- Smoking including tobacco, cannabis
- Use of chewing tobacco
- Exposure to vapours during "vaping"
- Alcohol use
- Illicit drug use
- Exposure to mould
- Frequent immersion of ears in water (e.g. swimming, bathing)
- Use of foreign object to clean ear
- Use of ear protection
- Crowded living conditions
- Sexual activity
- Personal and dental hygiene habits
- Exposure to cigarette smoke, wood smoke or other respiratory irritants
- Recent air travel or scuba diving
- Occupational exposure to toxins or loud noises

## **PHYSICAL ASSESSMENT OF THE EARS, NOSE AND THROAT**

### **Vitals**

- Temperature
- Pulse
- Respiration
- SpO<sub>2</sub>
- Blood pressure (BP)

### **General Appearance**

- Apparent state of health
- Appearance of comfort or distress
- Colour
- Nutritional status

- Hydration status
- Hygiene
- Chronological age versus apparent age
- Difficulty with gait or balance
- Piercings and tattoos

## Ears

### Inspection

- Pinna: look for lesions, abnormal appearance or position. Look at the skin covering the mastoid process, behind pinna for redness or swelling, gently pull the pinna forward.
- Canal: discharge, swelling, redness, wax, foreign bodies
- Tympanic membrane: colour, light reflex, landmarks, bulging or retraction, perforation, scarring, air bubbles, fluid level
- Estimate hearing with watch or whisper test
- If whisper test fails, perform Weber and Rinne tests with a 512-hertz tuning fork

### Palpation

- Tenderness over tragus or on manipulation of the pinna
- Tenderness on tapping of mastoid process
- Size and tenderness of pre, post auricular and occipital nodes

## Nose and Sinuses

### Inspection

- External: inflammation, deformity, discharge or bleeding
- Internal: colour of mucosa, edema, deviated or perforated septum, polyps, bleeding
- Observe nasal versus mouth breathing

### Palpation

- Sinus and nasal tenderness

### Percussion

- Sinus and nasal tenderness

## Mouth and Throat

### Inspection

- Lips: color, lesions, symmetry
- Oral cavity: breath odour, color, lesions of buccal mucosa
- Teeth and gums: redness, swelling, caries, bleeding
- Tongue: colour, texture, lesions, tenderness of floor of mouth
- Throat and pharynx: colour, exudates, uvula, tonsillar symmetry and enlargement, masses

## Neck

### Inspection

- Symmetry
- Swelling
- Masses

- Active range of motion
- Thyroid enlargement

### Palpation

- Tenderness, enlargement, mobility, contour and consistency of nodes and masses
  - Nodes – Pre-and post-auricular, occipital, tonsillar, submandibular, submental, anterior and posterior cervical, supraclavicular
- Thyroid: size, consistency, contour, position, tenderness
- Parotid: tenderness (diffuse versus discrete), enlargement, mobility, contour and consistency of nodes and masses

### Associated Systems for assessment

- A complete assessment should include the respiratory system.
- Face: inspect for asymmetry, skin changes, masses or irregularities

### SYMPTOMS REQUIRING URGENT REFERRAL

The first step is to determine if the ENT presentation requires an urgent referral to a physician or nurse practitioner, or can be managed safely by an RN(C).

The following signs and symptoms require referral to a physician or nurse practitioner:

- Positive Brudzinski sign (chin to chest)
- Pain and fever with mastoid tenderness
- Difficulty with secretions, drooling
- Fever of unknown origin
- Treatment failure after 3 days for otitis media, strep throat or peritonsillar abscess
- Displaced uvula
- Uncontrollable epistaxis
- Facial fractures
- Sudden onset of deafness
- Recent ENT surgery
- Hoarseness without fever or illness
- Unexplained vertigo
- Pain out of proportion to clinical findings (consider epiglottitis)

### DIAGNOSTIC TESTS

The RN(C) may consider the following diagnostic tests to support clinical decision-making:

- Swab of ear, nose or throat for Culture and Sensitivity (C&S)

## REFERENCES

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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