

## **DST-FC-202 Ear, Nose & Throat Assessment: Pediatric**

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 in children **6 months of age and older**
- pharyngitis in children **1 year of age and older**

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 Trauma
- 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
- Itching
- Earache
- Discharge
- Tinnitus
- Vertigo
- Ear trauma
- Rubbing ears
- Cotton swab use

##### **Nose and Sinuses**

- Nasal discharge or postnasal drip
- 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
- Koplik's spots (found in oral mucosa)
- 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 and 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
- Birth and prenatal history if age appropriate
- Communicable diseases: measles, chickenpox (varicella), herpes simplex
- Immunization status

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

- Frequent ear or throat infections
- Sinusitis

- Trauma to head or ENT area
- ENT surgery
- Hearing loss or audiometric screening results indicating hearing loss
- Allergies including as seasonal allergies
- Asthma

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

- Family and close contacts with similar symptoms
- Smoking including tobacco, cannabis
- Exposure to vapours during “vaping”
- Alcohol use
- Illicit drug use
- Feeding methods (breast or bottle), bottle propping
- Exposure to mould
- Frequent immersion of ears in water (e.g. swimming or bathing)
- Use of foreign object to clean ear
- Insertion of foreign body in ear
- Crowded living conditions
- Sexual activity (if age appropriate)
- Personal and dental hygiene habits
- Exposure to cigarette smoke, wood smoke or other respiratory irritants
- Recent air travel
- 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**

- Apparent state of health
- Appearance of comfort or distress
- Colour
- Nutritional status
- Hydration status
- Hygiene
- Chronological age versus apparent age
- Tripoding
- Character of cry (in infants)
- Activity level
- Mental status
- Degree of cooperation, consolability

- Emotional reaction to caregiver and examiner
- Difficulty with gait or balance
- Piercings and tattoos

### Safety Tip

For examination, it may be necessary to hold and support a struggling child. For example, lay the child in a supine position and have the parent or caregiver hold the child's arms extended, in a position close to the sides of the head. This will limit side-to-side movements while you are examining ENT structures. Brace the otoscope, and guard against sudden head movements.

**Never restrain a child assuming the tripod position (sitting up and leaning forward) for exam purposes. This may add to their anxiety creating severe respiratory distress.**

### Ears

#### Inspection

- External ear: position (in relation to eyes) low-set or small, deformed auricles may indicate associated congenital defects
- Pinna: lesions, abnormal appearance or position, include inspection of tissue behind pinna
- Canal: discharge, swelling, redness, wax, foreign bodies
- Tympanic membrane: colour, light reflex, landmarks, bulging or retraction, perforation, scarring, air bubbles, fluid level. Check mobility using a pneumatic otoscope
- Estimate hearing by producing a loud noise (i.e., by clapping hands) for an infant or young child (which should elicit a blink response), or by performing a watch or whisper test for an older child

**Clinical tip: For the best view of the eardrum in an infant or a child less than 3 yrs old, pull the outer ear upward, outward and backward**

#### 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, bleeding
- Internal: colour of nasal mucosa, edema, deviated or perforated septum, polyps, bleeding
- Observe nasal versus mouth breathing

#### Palpation

- Sinus and nasal tenderness (only in older children who can cooperate and provide a response)

#### Percussion

- Sinus and nasal tenderness (only in older children who can cooperate and provide a response)

### Mouth and Throat

#### Inspection

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

- A tonsil grade of +2 is normal up to 12 yrs of age

### Neck and lymph

#### Inspection

- Symmetry
- Swelling
- Masses
- Active range of motion
- Thyroid enlargement

#### Palpation

- Tenderness, enlargement, contour, mobility 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

#### Associate Systems for assessment

- A complete assessment should include the respiratory system

#### 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 a nurse with CP designation.

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

- Positive Brudzinski (chin to chest)
- Pain and fever with mastoid tenderness
- Fever of unknown origin
- Treatment failure after 3 days (otitis media, tonsillitis)
- Displaced uvula
- Uncontrollable epistaxis
- Facial fractures
- Sudden onset of deafness
- Recent ear, nose or throat surgery
- Tripoding (sitting up and leaning forward)
- Drooling
- Petechiae
- Pain out of proportion to clinical findings (consider epiglottitis)

## DIAGNOSTIC TESTS

The Certified Practice nurse 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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