

This decision support tool is effective as of October 2016. For more information or to provide feedback on this or any other decision support tool, email certifiedpractice@crnbc.ca

EAR, NOSE AND THROAT (ENT) ASSESSMENT

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

- Acute otitis media
- Ceruminosis
- Dental abscess
- 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:

CRNBC monitors and revises the CRNBC certified practice decision support tools (DSTs) every two years and as necessary based on best practices. The information provided in the DSTs is considered current as of the date of publication. CRNBC-certified nurses (RN(C)s) are responsible for ensuring they refer to the most current DSTs.

The DSTs are not intended to replace the RN(C)'s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the DST.

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
- Sore throat
- Uvula midline
- Dysphagia

Neck

- Pain
- Swelling
- Enlarged 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 (seasonal as well as others)
- Medication currently used (prescription, oral contraceptives, over the counter)

- Herbal preparations 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
- Seasonal allergies
- Asthma
- Chronic cough
- Meniere's disease
- ENT cancer

Personal and Social History (Specific to ENT)

- Others at home with similar symptoms
- Smoking
- Alcohol 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
- SpO₂
- Blood pressure (BP)

General Appearance

- Apparent state of health
- Appearance of comfort or distress
- Colour
- Nutritional status
- State of hydration
- Hygiene
- Match between appearance and stated 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.

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (Eds.). (2015). *Seidel's guide to physical examination* (8th ed.). St. Louis, MO: Elsevier.

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Stephen, T. C., Skillen, D. L., Day, R. A., & Bickley L. S. (2010). *Canadian Bates' guide to health assessment for nurses*. Philadelphia, PA: Lippincott, Williams & Wilkins.

Porter, R. S., & Kaplan, J. L. (2011). Section 5: Ear, nose, throat and dental disorders. In *The Merck Manual* (19th ed.), (p. 411-534). Whitehouse Station, NJ: Merck Sharp & Dohme Corp.