

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)s¹) 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:

¹ RN(C) is an [authorized title](#) recommended by CRNBC that refers to CRNBC-certified RNs, and is used throughout this Decision Support Tool (DST).

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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.

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Ears

- Recent changes in hearing
- Itching
- Earache
- Discharge
- Tinnitus
- Vertigo
- Ear trauma
- 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
- Sore throat
- Uvula midline
- Dysphagia

Neck

- Pain
- Swelling
- Enlarged 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 (seasonal as well as others)

- Medication currently used (prescription, oral contraceptives, over the counter)
- Herbal preparations 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
- Seasonal allergies
- Asthma

Personal and Social History (Specific to ENT)

- Others at home with similar symptoms
- Smoking
- 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
- SpO₂
- Blood pressure (BP)
- Weight for all children under 12 yrs for medication calculations

General

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

- State of hydration – children are at risk
- Hygiene
- Match between appearance and stated age
- Tripoding
- Character of cry (in infants less than 6 months old)
- 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 restrain 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.

American Academy of Pediatrics. (2013). Clinical practice guideline: The diagnosis and management of acute otitis media. *Pediatrics*, 131(3), e964-e999. Retrieved from <http://pediatrics.aappublications.org/content/131/3/e964.full.pdf+html>

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.

Dains, J. E., Baumann, L. C., & Scheibel, P. (2015). *Advanced health assessment and clinical diagnosis in primary care* (5th ed.). St. Louis, MO: Elsevier Mosby.

Estes, M. E. Z. (2014). *Health assessment and physical examination* (5th ed.). Clifton Park, NY: Cengage Learning.

Sawyer, S. S. (2014). *Pediatric physical examination and health assessment*. Sudbury, MA: Jones & Bartlett Learning.

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.