

Physical Examination

Head .Ear, Nose, Mouth and Throat

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Lecture -3-

Objectives:

At the end of this lab the student will be able to:

1. Demonstrate the ability to safely and accurately complete a comprehensive examination of **Head, ear ,mouth ,nose and throat .**
2. Demonstrate the ability to accurately & comprehensively document assessment data in organized and legible manner.
3. Evaluate assessment data to determine problems and identify client's concerns.



Preparation

- **Nurse**
 - **Environment**
 - **Client**
 - **Equipment**
- 

) General Approach to assess (Ears, Nose, Mouth, and Throat)

1. Greet the patient and explain the assessment techniques that using.
2. Use a quiet room that will be free from interruptions.
3. Ensured that the light in the room provides sufficient brightness adequate observation of the patient.
4. Place the patient in an upright sitting position or for patients who cannot tolerated he sitting position assess head so that it can be rotated from side to side
5. Visualize the underlying structures during the assessment allow adequate description of findings.
6. Always compare right and left ears, as well as right and left nose, sinuses, mouth, and throat ect..

Head Assessment Inspection:

Symmetry : symmetrical

Shape : Normocephalic

Abnormal :

Hydrocephalic: enlargement of the head without change facial structure .

Acromegaly: enlargement of skull and facial bones cause by excessive secretion of growth hormone

Scalp should be intact, free of lesion and laceration (wound)

Palpation :

Palpate scalp begin with frontal ,parietal, temporal and occipital

Normal skull should be smooth ,no tenderness and no masses

Assess temporal artery it should be smooth ,non tender pulse is within +1

Abnormal: artery may be tender, hard consistency because of arteritis



Face

Inspection:

Color : evenly white ,brown ,free of pigmentation

Abnormal: Butterfly distributed on cheeks and nose

Shape: symmetry ,rounded ,oval or square

Hair distribution: evenly distributed on eye brow

Movement: ask client to close his eyes, clench his eye brow and elevate them , smile than puffy his cheeks
it should be symmetry



- Abnormal: tremors , affected eye cannot close completely with drooping of lip
- (Bell's palsy)

Bell's palsy



Equipment

- ✓ Tongue blade
- ✓ Watch
- ✓ Gauze square
- ✓ Clean gloves
- ✓ Cotton-tipped applicator
- ✓ Otoscope with earpieces of different sizes and pneumatic attachment
- ✓ Nasal speculum
- ✓ Penlight
- ✓ Tuning fork (512)Hz

- Signs & Symptoms:
- History of hearing problem
- Family history
- Medication history
- Ringing in ears hearing difficulty ,onset ,factors contributing to it, and how it interferes with living activities of daily , corrective hearing device
- Pain ,discharge , and lesion

AURICLES

Inspect the auricle for colors, symmetry of size and position. To inspect position. Note the level at which the superior aspect of the auricle attach to the head in relation to the eye

Normal :

- Color same as facial skin
- Symmetrical
- Auricle aligned with outer canthus of eye, about 1 0" from vertical.
- Abnormal:
- Bluish color of earlobes(cyanosis) pallor(cold weather)excessive redness (inflammation or fever)
- Asymmetry
- Low-set(associate with congenital abnormality as Downs syndrome

Palpate the auricles for texture' lasticity,
and tenderness'

- Gent pull he auricles up-down and back war '
- Fold the Pinna forward (it should recoil).
- apply pressure on the mastoid

Normal

Mobile, firm , and not tender pinna recoils after it is folded

Abnormal

Lesions , scaly skin ,tenderness (infection of external ear)

External Ear Canal :

Using anotoscop inspect the external ear canal for cerumen, skin lesion ,pus or blood

Normal: pink in color , dry , hairy , dry yellow or brown cerumen , free of discharge blood and lesion

Abnormal:

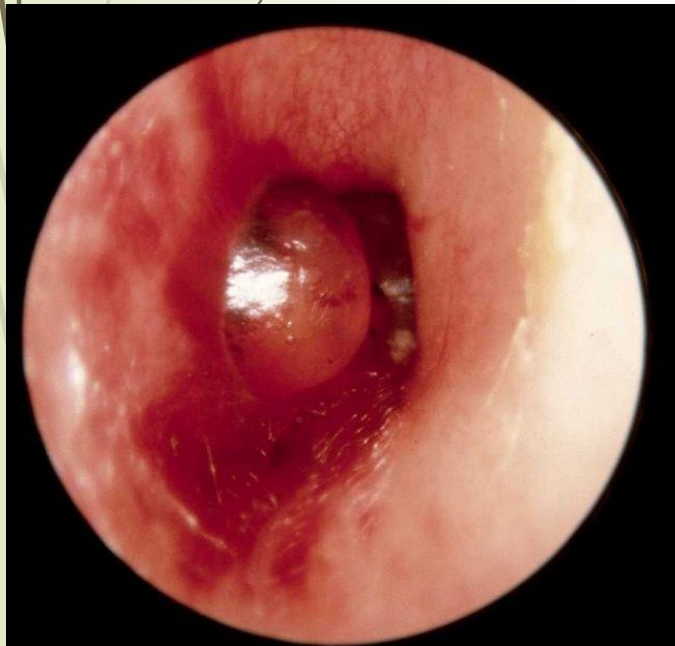
Redness , discharge excessive cerumen or lesion

Inspect tympanic membrane :

Color: gray , shiny , semitransparent

Abnormal:

Pink or red ,blue bleeding , yellow infection with dull surface



Normal Eardrum

Right Eardrum

Left Eardrum



Dr. R.K. (Karade)

Hearing acuity :

1- Assess client responses to normal voice : audible

Abnormal: request for repeat , lean, cups ear

2- Watch tick test : able to hear ticking in both ear

Abnormal: unable to hear

3- Tuning fork test :

Weber's test

Rinne test

Romberg test

Weber and Rinne test





Mouth & Oropharynx

Equipment Needed

1. Penlight
2. Tongue blade
3. Small gauze (2*2)
4. Clean gloves

Preparation:

1. Position the client sitting up straight with his \her head at your eye level.
2. Remove client's dentures if available

Subjective data:

I. Sores & Lesions

2.Sore Throat

3. Bleeding gum.

4. Toothache

5. Hoarseness

6. Dysphagia

7. Altered taste

8. Smoking, Alcohol consumption

9. Self-care behaviors, dental care pattern, dentures or appliances

Inspect ion & palpation lips

Normal Findings

Color: in white skin Pink , in dark skin: may have bluish hue or freckle like pigmentation.

Movement: symmetrical during smile , open and close . No lesions, swelling, drooping , its moist and smooth

Wearing gloves, inspect & palpate lips for the following:

The patient's teeth should be clean with no decay, appear white and shiny smooth surfaces and edges. Adults should have a total of 32 teeth with 16 teeth in each arch. Children by the age of 2 1/2 have a total of 20 teeth with 10 in each arch.

Abnormal findings

Missing teeth, loose or broken teeth and misaligned teeth

Wearing gloves, inspect & palpate buccal mucosa for the following:

Color: Pink (increased pigmentation often noted in dark-skinned client)

Consistency : Smooth, moist, without lesions

Landmarks : Parotid duct openings are seen small papilla located near upper second molar

Retract client's lips to inspect & palpate gums for the following:

Color : pink

Consistency : Moist, free of lesion and ulcer, pale or yellow defined in **gingivitis**

Inspect protruded tongue for the following:

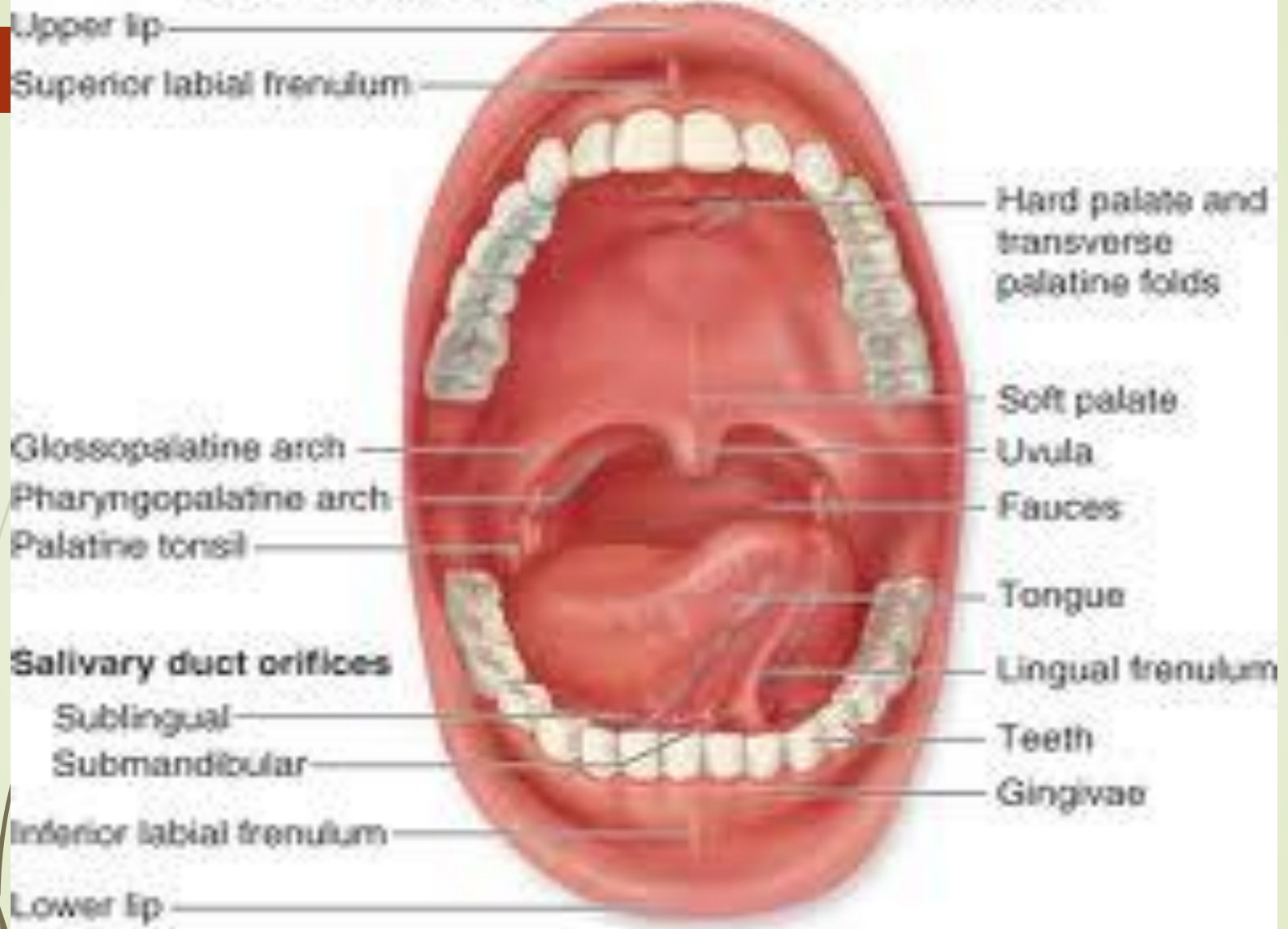
Symmetry & texture and color moist; papillae present; symmetrical appearance; midline fissure present, pink, smooth

Inspect ventral surface of the tongue & mouth floor for the following:

Color: pink slightly pale

Landmarks: Submandibular duct openings are located on both sides of the frenulum, tongue is free of lesions or increased redness; frenulum is centered.

Palpate inspected the site of tongue: pink, moist, free of lesion and ulcer



(a)

Inspect hard & soft palate for the following:

Color & consistency : hard palate is pale irregular while soft palate is pink and soft , spongy

Inspect oropharynx for the following:

Color : pink

Landmarks : Tonsillar pillars symmetrical;
tonsils present (unless surgically removed) &
without exudates; uvula at midline & rises on
phonation.

Grading of Tonsils : ➡

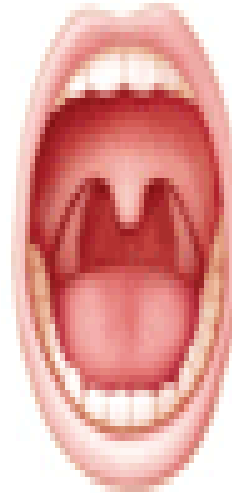
0 : tonsils not visible ➡

1+ tonsils are visible, ✓

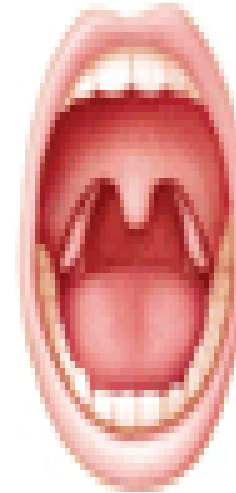
2 + tonsils are between ✓
the pillars and uvula

3 + tonsils are touching ✓
the uvula

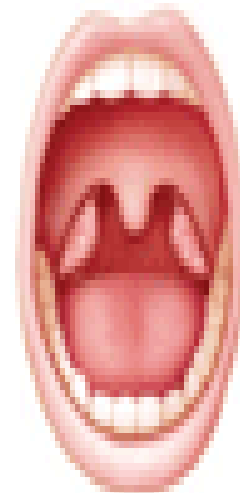
4 + tonsils extend to the ✓
midline of the
oropharynx.



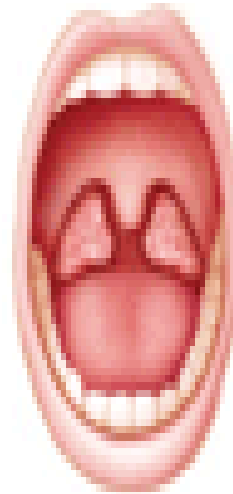
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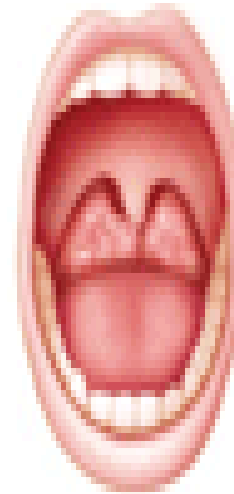
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Nasal airflow (airway patency)

- **The common method via which to formally assess nasal airflow**
- **1. Place thumb over the nostril not being assessed to occlude air flow.**
- **2. Ask the patient to breath in through their nose and note the degree of airflow.**
- **3. Repeat assessment on the other nostril, noting any difference in apparent airflow.**

External

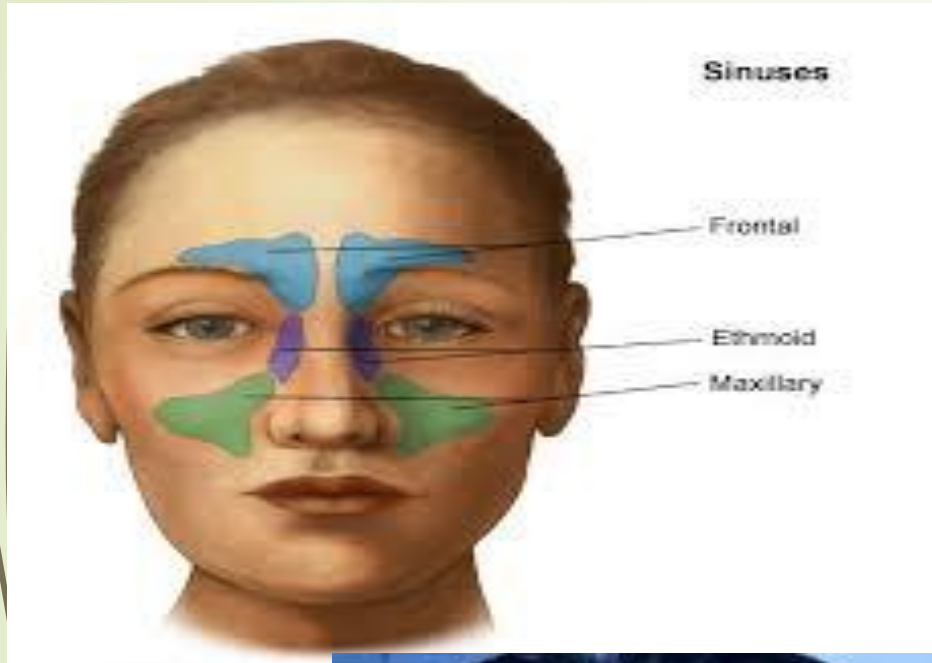
Look at the external surface of the nose noting:

- Skin changes – *e.g. skin lesions / erythema*
- Note any deviation in the nasal bones or cartilage

Internal

1. Ask the patient to look forwards, keeping their head in the neutral position.
2. Carefully elevate the tip of the nose with thumb, so that the nasal cavity becomes visible. Use a pen torch or otoscope as a light source to externally illuminate the cavity.
3. Inspect the nasal mucosa for any abnormalities (*including the septum*).
4. Inspect and compare the nasal cavities alignment (*note any septal deviation*).

Sinuses



Transillumination Test

- Dim the room lights.
- Place the lighted otoscope directly on the infraorbital rim (bone just below the eye).
- Ask the patient to open their mouth and look for light glowing through the mucosa of the upper mouth.

