



ENT Examination Hearing Tests ENT Care Related Skills For CHO/SN





LEARNING OBJECTIVES

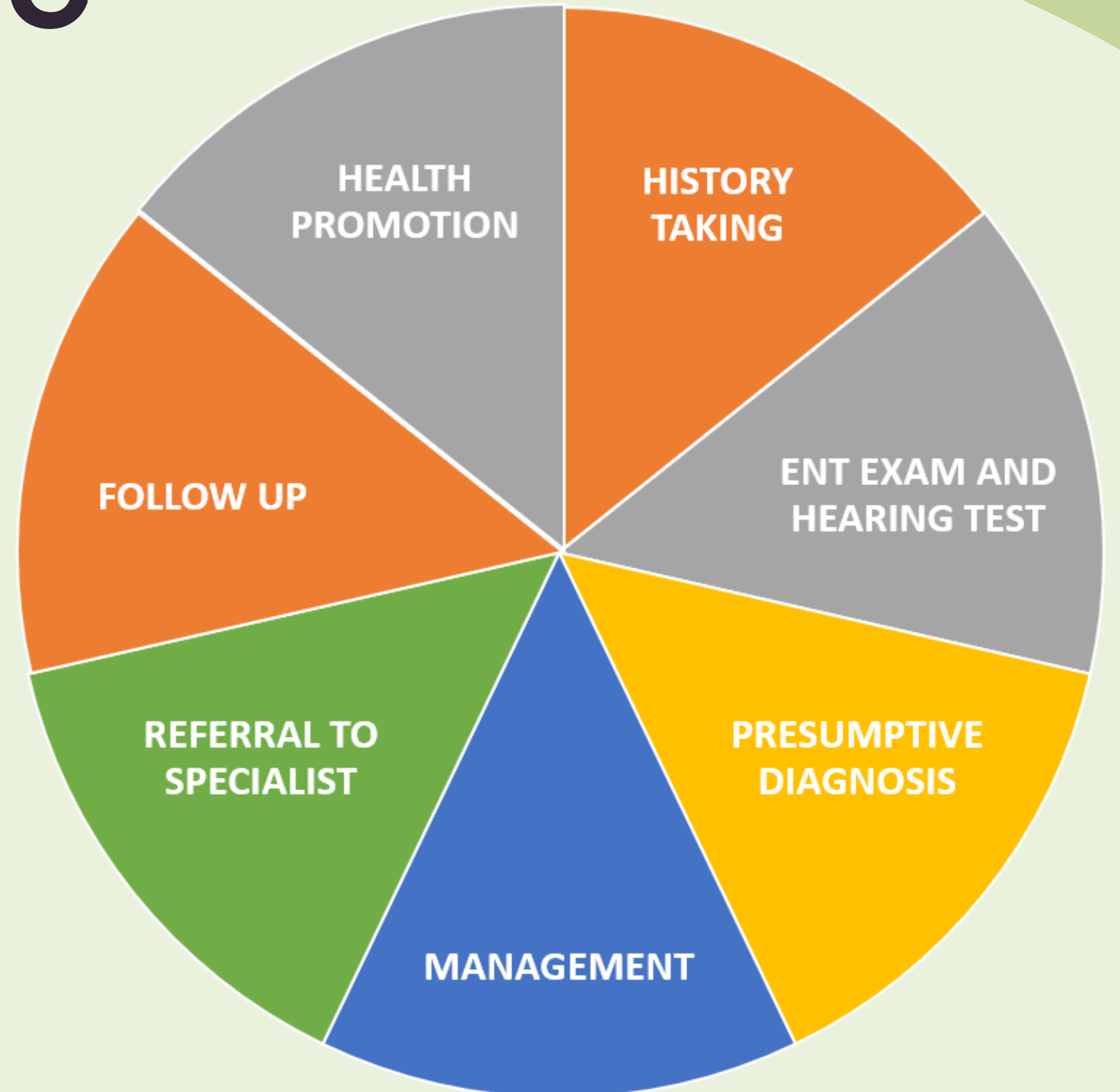


At the end of the session, participants must be able to

- List the core skills that are required for CHO/Staff Nurse to provide ENT care services at HWCs
- Conduct basic ENT clinical examination
- Conduct and interpret hearing tests
- Describe other clinical procedures related to ENT care



CLINICAL SKILLS OF CHO FOR PROVIDING ENT CARE





LIST OF CLINICAL SKILLS REQUIRED TO PROVIDE ENT CARE AT HWCS



1. Basic ENT clinical examination
2. Hearing tests and interpretation
3. Dry mopping of ear
4. Manual syringing of the external ear canal
5. Checking patency of nasal passage
6. Anterior packing of bleeding nose
7. Application of ear drops and nasal drops



CLINICAL EXAMINATION OF ENT



To undertake and record an ENT examination, you will need

- A torch or LED headlamp
- Ear speculum
- Nasal speculum
- Tongue depressor
- Pen and record card





CLINICAL EXAMINATION OF ENT



Preparation

- Find a space that has proper light.
- Make the person sit comfortably.
- Explain to the person what you are going to do.
- Record the name, age, sex, address, and date.





CLINICAL EXAMINATION OF ENT



Ear examination

- Pinna – shape, size

Pull the pinna in an upward and backward direction to visualize the ear canal

- Ear canal – visible discharge, bleeding, swelling, ear wax

- Ear drum – shiny, pearly white, translucent

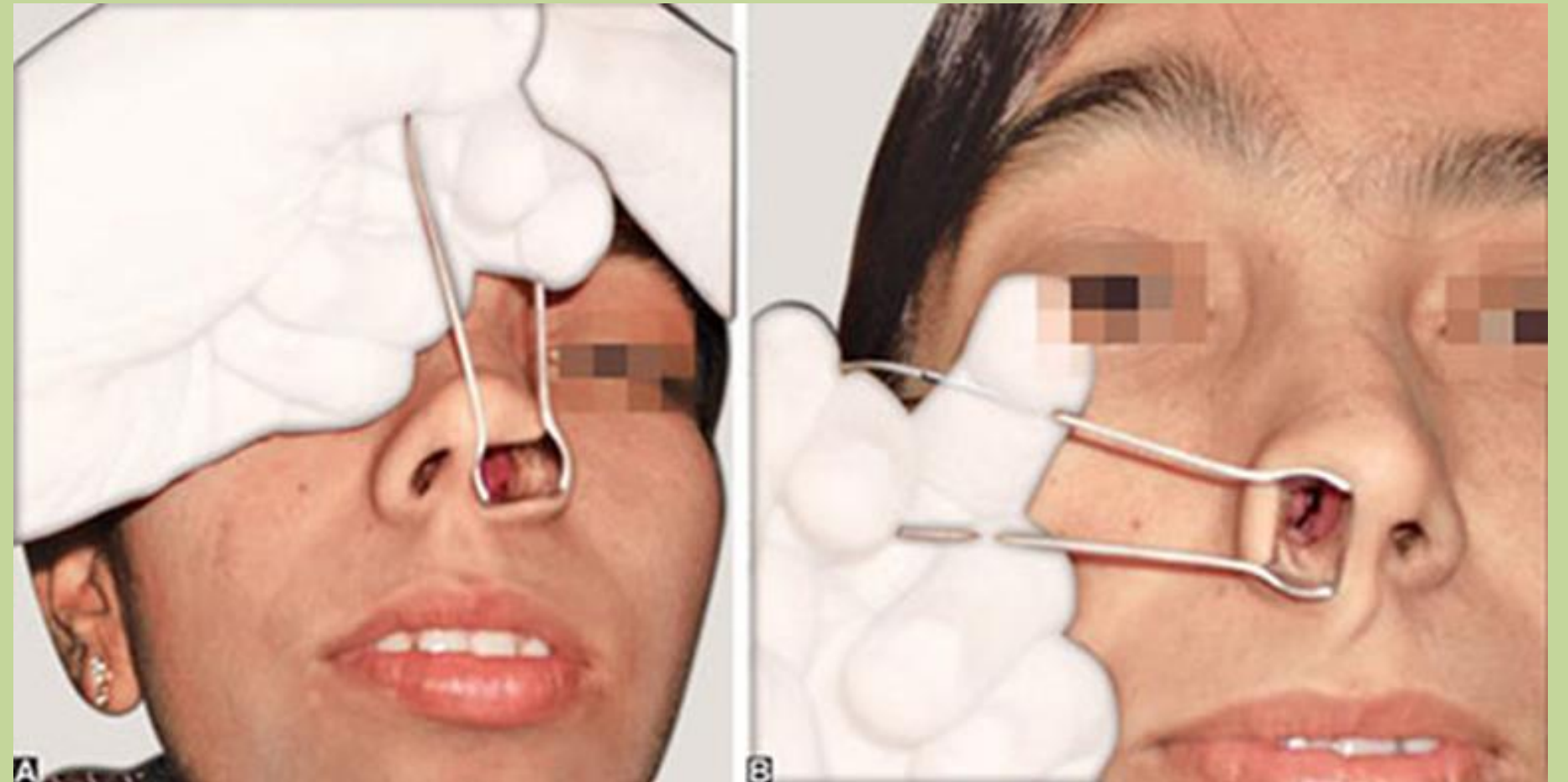


CLINICAL EXAMINATION OF ENT



Nose examination

- Lift the tip of the nose to view the nasal cavity.
- Nasal cavity – discharge, bleeding, crusting, swelling



CLINICAL EXAMINATION OF ENT



Throat examination

- Ask the person to open their mouth wide and say "Aah".

Place the tongue depressor over the centre of the patient's tongue and pull down.

- Tonsils – size, redness, swelling, pus points
- Uvula – position, redness, enlargement
- Palate – redness, ulcer, swelling
- Posterior pharyngeal wall – redness, swelling, ulcer





CLINICAL EXAMINATION OF ENT



In all the three examinations, look for the following:

- Any kind of discharge – pus, clear fluid, blood etc.
- Any kind of foreign body – visible as it is or with help of torch.
- Any sign of inflammation i.e. redness, warmth, swelling, pain.





HEARING ASSESSMENT



Initial Assessment Of Hearing

Sit about 1 meter from the child/adult with one ear facing you. The other ear should be blocked. Make sure there is no other noise source.

Cover your lips while speaking (to prevent lip reading).

First, speak in a whisper:

- Correct response = normal hearing
- Incorrect response: Repeat in a conversational voice
 - Correct response = slight hearing loss
 - Incorrect response: Repeat in a loud voice
 - Correct response = moderate hearing loss
 - Incorrect response: Repeat by shouting
 - Correct response = Severe hearing loss
 - Incorrect response: Deafness





TUNING FORK TESTS

Tuning fork tests are examinations that test for hearing loss and differentiate the types of hearing loss.

**What Are The Types Of Hearing Loss?
Causes?**



Equipment needed: 512 Hz tuning fork



RINNE'S TEST – PROCEDURE



1. Strike the tuning fork and place it on the mastoid bone behind one ear of the patient.
2. Instruct the patient to tell you exactly when the sound stops.
3. When the patient can no longer hear the sound, move the tuning fork to 1-2 cm beside the patient's ear canal and instruct them to tell you when the sound stops again.
4. Record the length of time the patient hears each sound.





RINNE'S TEST – INTERPRETATION



- **Normal hearing** – The sound next to the ear (air conduction) will be twice as long as the sound behind the ear (bone conduction).
 - $AC > BC$ (twice as long) known as positive Rinne's test
- **Conductive hearing loss** – Bone conduction is heard longer than the air conduction sound.
 - $BC > AC$ known as negative Rinne's test
- **Sensorineural hearing loss** – Air conduction is heard longer than bone conduction, but may not be twice as long.
 - $AC > BC$ (false positive Rinne's test)





WEBER'S TEST – PROCEDURE

1. Strike the tuning fork and place it on the middle of the patient's head or on the bone in between the patient's eyebrows.

2. Instruct the patient to tell you where the sound is better heard: the left ear, the right ear, or both ears equally.



WEBER'S TEST – PROCEDURE



- **Normal hearing** – sound heard equal in both ears.
- **Conductive loss** – sound heard better in the abnormal ear.
- **Sensorineural loss** – sound to be heard better in the normal ear.
- If there is bilateral equal hearing loss, Weber's test will be normal.



OTHER SKILLS IN ENT CARE



ANTERIOR PACKING OF NOSE



Indication: Controlling nose bleeds that are not controlled by pressure or lignocaine.

Tools needed: 2% lignocaine jelly, lubricants such as petroleum jelly, Gauze ribbon, forceps.

Procedure:

Make the patient sit up with a backrest.

- Apply local anesthetic such as lignocaine 2% to the nasal mucosa
- Prepare a long ribbon gauze piece and smear it with an abundant lubricant such as petroleum jelly
- Using the help of a scalpel, the gauze pieces have to be layered one upon each other, packing it from anterior to posterior, as depicted in the diagram.
- The gauze should be pushed in the back as far as possible. Packing is continued until the anterior nasal cavity is filled.





CHECKING PATENCY OF NASAL PASSAGE



Spatula Test:

- Place a tongue depressor/spatula below the nostril of the patient.
- Ask the patient to blow through his nose and compare the area of mist formation from both the sides
- In normal cases, the areas of mist formation under both the nostrils are equal.

Cotton-wool test:

- Hold a fluff of cotton against each nostril and observe its movements when the patient inhales/ exhales.
- In case of nasal obstruction due to polyp/ septum deviation, the movement of the cotton fluff on that side would be reduced.



MANUAL SYRINGING OF EAR CANAL



- Make the patient sit on a chair, such that the affected ear is facing you.
- Pull the ear lobe gently upwards and backward to straighten the external ear canal and enable better visualization.
- Place a kidney-shaped dish under the ear to collect the water overflow.
- Fill a large (e.g. 20ml) syringe with a firmly attached metal or plastic cannula with lukewarm water.
- Direct the jet of water backward and upward and not directly at the tympanic membrane. A number of syringe-fuls may be required before the wax is cleared.
- Intermittently inspect the canal.
- Inspect the expelled water for evidence of the wax



DRY MOPPING OF EAR



- Wash your hands with soap and water and dry.
- Pull off a small piece of cotton wool and gently pull it out into an oval shape.
- Put the tip of the stick into the center of the cotton wool.
- Twist the stick round and round with one hand whilst holding half of the cotton wool tightly against the stick with the thumb and index of your other hand, Half of the cotton wool should extend from the end of the stick and form a fluffy, soft tip.
- The rolled up piece of cotton wool should be long enough so that when the soft tip is deep in the ear canal and next to the eardrum there is still some cotton wool sticking out of the ear canal. This is so that you can hold onto the cotton wool and ensure that the cotton wool comes out of the ear canal.
- After completing dry mopping, wash your hands again



APPLICATION OF EAR DROP



- Make the patient lie down or tilt the head with the affected ear facing upward.
- Open the ear canal by gently pulling the ear upwards and backward.
- Clear any visible superficial discharge.
- Hold the dropper of the medicine over the ear and instill the recommended number of drops into the ear.
- Avoid touching the dropper tip inside the ear, as it may get contaminated.
- After use, wipe the tip with a clean tissue. Do not wash with water or soap.
- Advise the patient to stay in the position for at least 15 minutes.
- A small piece of cotton may be used to plug the ear.



APPLICATION OF NASAL DROP



- Ask the patient to blow the nose gently.
- Tilt the patient's head as far back as possible, or lie down on a flat surface and hang the head over the edge.
- Check if the dropper tip is not chipped or cracked.
- Avoid touching the dropper tip against the nasal mucosa.
- Instil the correct number of drops into your nose.
- Bend head forward toward knees and gently move it left and right.
- Remain in this position for a few minutes.
- Clean the dropper tip with warm water. Cap the bottle right away.



HOMEWORK ASSIGNMENT

List Of Medicines At SHC-HWC For Use In ENT Care



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Thank You

