

Otoscopy Guidelines

INTRODUCTION

Otoscopy should be carried out prior to any ear procedure. The practitioner should be able to identify the normal features of the tympanic membrane

EVIDENCE

In order to provide the patient with effective and safer ear care this document was originally produced by the 'Action On ENT' Steering Board (2002) and endorsed by the Royal College of General Practitioners, The Royal College of Nursing, The Primary Ear Care Centre and the Medical Devices Agency. It has subsequently been revised by the Primary Ear Care Trainers (2014).

PURPOSE

To correctly examine the EAM and TM

SCOPE

Ear examination should only be carried out by practitioners who have received recognised training

Equipment Requirements:

- Otoscope with a halogen bulb
- Single use speculae

GUIDANCE

Adult patients

1. Before careful physical examination of the ear, listen to the patient, elicit symptoms and take a careful history. Explain each step of any procedure or examination and ensure that the patient understands and gives consent. Ensure that both you and the patient are seated comfortably, at the same level, and that privacy is maintained.
2. Examine the pinna, outer meatus and adjacent scalp. Check for previous surgery incision scars, infection, discharge, swelling and signs of skin lesions or defects. Identify the largest suitable speculum that will fit comfortably into the ear and place it on the otoscope.

3. Palpate the tragus in order to identify if the patient has any pain. Proceed with caution.
4. Gently pull the pinna upwards and outwards to straighten the EAM (directly down and back in children). If there is localized infection or inflammation this procedure may be painful and examination may be difficult.
5. Hold the otoscope like a pen and rest the small digit on the patient's cheek as a trigger for any unexpected head movement. Do not move the patient's head when the otoscope is in the ear. Use the light to observe the direction of the EAM and the tympanic membrane. There is improved visualisation of the tympanic membrane by using the left hand for the left ear and the right hand for the right ear but clinical judgement must be used to assess your own ability. Insert the speculum gently into the meatus to pass through the hairs at the entrance to the canal.
6. Looking through the otoscope, check the EAM and tympanic membrane. Adjust your head and the otoscope to view all of the tympanic membrane. The ear cannot be judged to be normal until all the areas of the membrane are viewed: the light reflex, handle of malleus, pars flaccida, pars tensa and anterior recess. If the ability to view all of the tympanic membrane is hampered by the presence of wax, then wax removal may have to be carried out.
7. If the patient has had canal wall mastoid surgery, methodically inspect all parts of the cavity, tympanic membrane, or remaining tympanic membrane, by adjusting your head and the otoscope. The mastoid cavity cannot be judged to be completely free of ear disease until the entire cavity and tympanic membrane, or remaining tympanic membrane, has been seen.
8. The normal appearance of the membrane or mastoid cavity varies and can only be learned by practice. Practice will lead to recognition of abnormalities.
9. Carefully check the condition of the skin in the EAM as you withdraw the otoscope. If there is doubt about the patient's hearing, an audiological assessment should be made. Providing they meet certain criteria stated in local referral guidelines, older adults with a bilateral hearing loss can be referred directly to the Audiology Department. Patients with a unilateral loss should be referred to ENT.
10. Document what was seen in both ears, the procedure carried out, the condition of the tympanic membrane and EAM and treatment given. Findings should be documented, with nurses following the NMC guidelines on record keeping and accountability. If any

abnormality is found a referral should be made to the ENT Outpatient Department following local policy.

RISK FACTORS

Potential complications during and following procedure:

- Patient cough
- Trauma

DEFINITIONS AND ABBREVIATIONS

Otoscope – ear torch

Speculae – ends for otoscope

EAM – External auditory meatus

TM – Tympanic membrane

Areas of tympanic membrane - light reflex, handle of malleus, pars flaccida, pars tensa and anterior recess

RELATED GUIDANCE

Ear Care Guidance Document 2014

This document will be reviewed every three years unless such changes occur as to require an earlier review.

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