GUIDELINE FOR OTOSCOPY

PROCEDURAL INFORMATION

SECTION 1
PROCEDURAL INFORMATION

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Document History Summary

Version	Date	Author	Status	Comment
1	27.10.2015	Head of ear care and audiology	Reviewed in 2019	
2	31.10.2019	Hear of ear care and audiology	Under review	
3.0	July 2022	Ear care lead	Draft review and update	
3.1	Nov 2022	Ear care lead Head of ear care and audiology	ratified	

Section 1 Contents

Section 2 Contents

1. 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

2. 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 Ear Care Centre (2022).

3. DEFINITIONS AND ABBREVIATIONS

3.1. Definitions

Otoscope – ear torch

Speculae – ends for otoscope

3.2. Abbreviations

EAM – External auditory meatus

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

4. PURPOSE

To correctly examine the EAM and TM

5. SCOPE

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

6. GUIDANCE

Equipment Requirements:

- Otoscope with a halogen bulb
- Single use speculae

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.

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

7. RELATED DOCUMENTS AND GUIDANCE

Ear Care Guidance Document 2014 .

GUIDELINE FOR AURAL MICROSUCTION
PROCEDURAL INFORMATION

SECTION 2
DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING

8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Clinical governance group - Ear Care and Audiology at Rotherham NHS Foundation Trust

9. APPROVAL OF THE DOCUMENT

TRFT – Ear Care and Audiology - Clinical Governance Group

10. RATIFICATION OF THE DOCUMENT

This document was ratified by the Clinical Governance Group

11. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years by the ear care specialist nurse team unless such changes occur as to require an earlier review.

12. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Library & Knowledge Services via "policies" email.	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform DRG Admin Support if a revision and which document it replaces and where it should be located on the Hub. Ensure all documents templates are uploaded as word documents.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments / Matrons	Author	Meeting / Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments / Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies

To be disseminated to	Disseminated by	How	When	Comments
				Instruct them to inform all staff of the policy including those without access to emails

13. IMPLEMENTATION AND TRAINING PLAN

This document references current practice and will be reviewed annually by all relevant staff.

14. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

14.1. Process for Monitoring Compliance and Effectiveness

Audit / Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Local Procedures	On going review	Internal peer review	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service
Staff Awareness	On going with annual update	Lead ear care nurse Head of service	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service

14.2. Standards/Key Performance Indicators (KPIs)

None