Health Assessment and Promotion

Module 5: Assessment of the Head, Eyes, Ears, Neck, Nose, Mouth (Oral), and Throat—HEENOT.

Clinical Outcomes – At the end of this On Campus experience students will be able to:
1. Obtain a focused history of the head, neck, eyes, ears, nose, mouth, and throat.
2. Perform an assessment of the head, neck, eyes, ears, nose, mouth, and throat.
3. Document findings using SOAP note format.

Supplies needed: Penlight, stethoscope, tongue depressors, white board.

<table>
<thead>
<tr>
<th>Time</th>
<th>Learning Activity</th>
<th>Instructor Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Demonstration and discussion of HEENOT assessment</td>
<td>Demonstrate how to obtain a history and assessment of the head, face, nose and neck.</td>
</tr>
<tr>
<td>30 min</td>
<td>Practice assessment of head, neck, and face</td>
<td>Have students take a history and perform an assessment on their partner.</td>
</tr>
<tr>
<td>25 min</td>
<td>Demonstrate examination of eyes, ears, mouth and throat.</td>
<td>Demonstrate assessment of eyes, ears, mouth and throat.</td>
</tr>
<tr>
<td>30 min</td>
<td>Practice assessment of eyes, ears, mouth, and throat.</td>
<td>Have students take a history and perform an assessment on their partner.</td>
</tr>
<tr>
<td>45 min</td>
<td>Interactive HEENOT Case Study</td>
<td>Complete the interactive HEENOT case study using six students (three groups of two) for each session. All students will complete the SOAP note and one will put example on the white board for group critique.</td>
</tr>
<tr>
<td>15 min</td>
<td>Discussion of Midterm Return Demonstration</td>
<td>Discuss details of the midterm and review the evaluation form. Demonstration of midterm head to toe by faculty. If time permits, students can start practicing.</td>
</tr>
</tbody>
</table>
I. ASSESSMENT AND HISTORY OF THE HEAD AND NECK

FACULTY: This is for the review and discussion of history and assessment of the head and neck. This is also the format the students should follow later in the class when they are assessing the head and neck on their partner. These assessments are for more comprehensive assessments of the head and neck and should be used based on findings from the review of systems.

For your health history/review of systems, remember to use the following prompts:
- Have you ever experienced...
- Do you have a history of...
- Do you have a family history of...

I. Head
   a. History (from Review of Systems):
      i. Unusually frequent or severe headaches, head injury, dizziness, vertigo
   b. Inspection:
      i. General size and contour
   c. Palpation:
      i. Deformities, lumps, or tenderness

II. Face
   a. Inspection:
      i. Facial expression
      ii. **Color and texture (especially at mouth* and earlobes)**
      iii. Symmetry of structures
      iv. Involuntary movements
      v. Edema
   b. Palpation:
      i. Masses or lesions
      ii. Temporomandibular joint (crepitation, popping, tenderness)

III. Neck
   a. History (from Review of Systems):
      i. Pain, limitation of motion, lumps or swelling, enlarged or tender nodes, goiter
   b. Inspection:
      i. Symmetry
      ii. Range of motion
      iii. Abnormal pulsations
   c. Palpation:
      i. Strength of cervical muscles
      ii. Lymph nodes and tenderness
      iii. Position of trachea
      iv. Thyroid gland
   d. Auscultation:
      i. Thyroid gland (if abnormal findings)

* Part of General Head to Toe Assessment
Lymph Node Palpation

Thyroid Palpation

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II. ASSESSMENT AND HISTORY OF THE EYES, EARS, NOSE, MOUTH, AND THROAT

FACULTY: This is for the review and discussion of history and assessment of eyes, ears, nose, mouth, and throat. This is also the format the students should follow later in the class when they are assessing the eyes, ears, nose, mouth, and throat on their partner. Note, however, the portions that are part of the General Head to Toe Assessment. The remainder of the assessments are for more comprehensive assessments and should be used based on findings from the review of systems. The “other tests” may be discussed if time is available.

For your health history/review of systems, remember to use the following prompts:

- Have you ever experienced...
- Do you have a history of...
- Do you have a family history of...

I. Eyes
   a. History (from Review of Systems):
      i. Decreased acuity, blurring, blind spots, eye pain, diplopia, redness or swelling, watering or discharge, glaucoma, cataracts
      ii. Wears glasses or contacts, last eye exam or glaucoma test, how coping with loss of vision if any
   b. Inspection:
      i. Eyebrows, eyelids, and eyelashes for abnormalities
      ii. Sclera and conjunctiva for color, swelling, or lesions
      iii. Pupils (equal, round, reactive to light and accommodation)*
      iv. Eye movement (extraocular muscles)*
   c. Other tests:
      i. Snellen eye chart
      ii. Confrontation test (peripheral vision)

II. Ears
   a. History (from Review of Systems):
      i. Earaches, infections, discharge and characteristics, tinnitus, vertigo
      ii. Hearing loss, hearing aid use, how hearing loss affects daily life
   b. Inspection:
      i. Size and shape
      ii. External auditory meatus for size, swelling, redness, or discharge
   c. Palpation:
      i. Pinna and tragus for tenderness
   d. Other tests:
      i. Whispered voice test

III. Nose and Sinuses
   a. History (from Review of Systems):
      i. Discharge (characteristics), unusually frequent or severe colds, sinus pain, nasal obstruction, nosebleeds, allergies or hay fever, change in sense of smell
   b. Inspection:
      i. Symmetry and deformity
   c. Palpation:
      i. Nasal patency
      ii. Frontal and maxillary sinuses for tenderness
IV. Mouth and Throat

a. History (from Review of Systems):
   i. Mouth pain, frequent sore throat, bleeding gums, toothache, lesion in mouth or on tongue, dysphagia, hoarseness or voice change, tonsillectomy, altered taste
   ii. Pattern of daily dental care, use of dentures, bridges, last dental checkup

b. Inspection:
   i. Lips for color, moisture, cracking, or lesions
   ii. Teeth and gums for abnormalities
   iii. Tongue for color, surface characteristics, look under tongue for lesions, and assess moisture
   iv. Using a wooden tongue blade and a good light source, inspect the inside of the patient's mouth including the buccal folds and under the tongue. Note any ulcers, white patches (leucoplakia), or other lesions. If abnormalities are discovered, use a gloved finger to palpate the anterior structures and floor of the mouth.
   v. Inspect the posterior oropharynx by depressing the tongue and asking the patient to say "Ah." Note any tonsilar enlargement, redness, or discharge.
   vi. **Buccal mucosa for color, moisture, nodules, and lesions**
   vii. Tonsils for size, color, and surface characteristics

c. Palpation:
   i. Instruct the students to don gloves, take a gauze pad and ask the partner to stick out their tongue. As the student holds the tongue with the gauze pad they palpate (by sliding their finger) along the sides of the tongue for any signs of cancer-lesions. They should also do a finger sweep of the oral mucosa assessing for any papules

V. Cranial Nerves

   i. II – Optic: Confrontation Test
   ii. III, IV, VI – Oculomotor, Trochlear, Abducens: **PERRLA**, extraocular movements in six cardinal positions
   iii. V – Trigeminal: Light touch on forehead, cheek, and chin
   iv. VII – Facial: Symmetry when smiling, frowning, closing eyes tightly, lifting eyebrows, and puffing cheeks
   v. VIII – Acoustic: Whisper test
   vi. IX, X – Glossopharyngeal, Vagus: Inspect movement of uvula for rise during phonation
   vii. XI – Spinal accessory: head rotation and shoulder shrug against resistance
   viii. XII – Hypoglossal: Stick out tongue (midline)

* Part of General Head to Toe Assessment
Six Cardinal Fields for Extraocular Muscle Movements

Confrontation – Peripheral Fields of Vision

Inspecting the Tonsils

Grades:  
1+   Visible  
2+   Halfway between tonsillar pillars and uvula  
3+   Touching the uvula  
4+   Touching each other
III. INTERACTIVE HEENOT CASE STUDY

FACULTY: This exercise will use only 6 students. However, the entire class will be taking notes and writing a SOAP note during this exercise. Each week select a different group of 6 students to ensure all students have an opportunity to participate. You will play the role of the patient for the history taking portion. Select a volunteer or the manikin to play the role of the patient for the physical assessment section.

1. The first group of 2 students will obtain the history. (5-10 minutes)
2. The first group will then return to the group and everyone will record the history and discuss if any additional questions should have been asked. (5 minutes)
3. The second group of 2 students will perform the physical examination on the volunteer or manikin. (10 minutes)
4. Once the second group is finished, they will return to the group and everyone will write up the objective data and develop a plan for the patient based on the history and physical. The instructor should provide the group with the diagnosis. Students may use their book or mobile applications/resources to develop a plan of care. (10 minutes)
5. Once the class has developed the plan, the third group of 2 students will discuss the plan with the patient (you will return to play the role of the patient). (5-10 minutes)
6. At the end of the simulation, have a student write their SOAP note on the white board and critique with the class. (10 minutes)
Title of Case: Oral Cancer Case

Outcomes
At the end of this case, the student will be able to:
• obtain a history focusing on a HEENOT assessment.
• Perform an oral assessment.
• Develop a plan of care based on the subjective and objective data.

Scenario Summary
A 24-year-old married female was referred urgently having presented to her general medical practitioner complaining of a lump under her tongue of about 3 weeks duration. On presentation, she admitted to a lump on the right side of her tongue which had previously been asymptomatic but had begun to cause occasional discomfort as it increased in size. The lump was interfering with the patient’s ability to eat.

Diagnosis
Squamous Cell Carcinoma

Treatment
Surgery

Setting
From Primary Care Nurse Practitioner office to ENT

Reason for Visit
“I have a lump under her tongue of about 3 weeks and it’s hard for me to eat”.

The Patient

<table>
<thead>
<tr>
<th>Name</th>
<th>Use own data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Important Cultural characteristics</td>
<td>None</td>
</tr>
<tr>
<td>Behavior</td>
<td>Fatigue, uncomfortable swallowing</td>
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</tbody>
</table>

History of Present Illness/presenting signs and Symptoms
BP 122/72, pulse 90, respiration 18, temp 99.6 F.
HEENOT: head normocephalic, no abnormalities noted
Eyes and ears: intact
Mouth: buccal mucosa pink and moist, lump on the right side of her tongue, swelling on the right lower lateral border of the tongue extending into the floor of the mouth, which was tender
Throat: reddened, tonsils present
Neck: presence of right hand side jugulodigastric lymphadenopathy
Nose: nares patent bilaterally

Past medical History: Include previous illnesses or surgeries
Denies

Medications
None

Family History
Use own data

Psychiatric History
Denies

Social History

Family Life: marital status, kids
Student in third year of college
<table>
<thead>
<tr>
<th>Occupation</th>
<th>College student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking History</td>
<td>Denies</td>
</tr>
<tr>
<td>Alcohol History</td>
<td>socially</td>
</tr>
<tr>
<td>Drug Use</td>
<td>Denies</td>
</tr>
</tbody>
</table>

### Questions

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<tr>
<th>If a student asks you...</th>
<th>Your response</th>
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</table>
| Can you describe the pain? | Onset- 3 weeks ago  
|                          | Location- right side of tongue  
|                          | Duration- constant uncomfortable feeling  
|                          | Character- sore and tender  
|                          | Aggravating symptoms: prolonged speaking, swallowing, eating and drinking make it worse  
|                          | Relieving- nothing  
|                          | Treatment- has not taken any meds.  
|                          | Severity- 5/10                                                             |
| Have you taken any medications? | No                                                                          |
| Anyone else in the house have similar lesions? | No                                                                          |
| Any cough? | No                                                                          |
| Shortness of breath? | No                                                                          |
| Nasal discharge or congestion? | No                                                                          |
| Have you ever had strep throat? | No                                                                          |
| Any allergies? | No                                                                          |

***If a student asks additional questions, please use your own judgment to answer any additional questions, keeping in mind the diagnosis is squamous cell carcinoma.
Oral cancer risk factors

GENERAL

- **Gender**: Oral cancer and oropharyngeal cancer are twice as common in men as in women. This difference may be related to the use of alcohol and tobacco, a major oral cancer risk factor that is seen more commonly in men than women. According to the American Cancer Society, the gender difference is decreasing among oral cancer patients as more women are using tobacco and drinking.
- **Age**: The average age at diagnosis for oral cancer is 62, and two-thirds of individuals with this disease are over age 55.
- **Ultraviolet light**: Cancers of the lip are more common among people who work outdoors or others with prolonged exposure to sunlight. Poor nutrition: Studies have found a link between diets low in fruits and vegetables and an increased oropharynx and oral cancer risk.

GENETICS

- **Genetic syndromes**: Some inherited genetic mutations, which cause different syndromes in the body, carry a high risk of oral and oropharyngeal cancer. These include:
  - **Fanconi anemia**: This blood condition is caused by inherited abnormalities in several genes. Problems can begin at an early age and often lead to leukemia or aplastic anemia. The risk of oral cancer among people with Fanconi anemia is up to 500 times higher than among the general population.

LIFESTYLE

- **Tobacco use**: About 80% of people with oral cavity and oropharyngeal cancers use tobacco in the form of cigarettes, chewing tobacco or snuff. The risk of developing oral cancer depends on the duration and frequency of tobacco use. Smoking can lead to cancer in the mouth or throat, and oral tobacco products are associated with cancer in the cheeks, gums, and inner surface of the lips.
- **Alcohol**: About 70% of people diagnosed with oral cancer are heavy drinkers. This risk is higher for people who use both alcohol and tobacco. For people who smoke and drink heavily, the risk of oral cancer may be as high as 100% more than the risk for people who do not smoke or drink.
- **Betel quid**: Many people in Southeast Asia, South Asia, and others parts of the world chew betel quid, a leaf from the betel plant wrapped around areca nut and lime. Chewing gutka, a combination of betel quid and tobacco, is also common. Both of these substances are associated with an increased oral cancer risks.

OTHER CONDITIONS

- **Human papillomavirus (HPV) infection**: Human papilloma viruses, or HPV, include about 100 similar viruses. Many HPVs cause warts, but some are involved in cancer. Most noteworthy, HPV is tied to the development of cervical cancer. HPV is also a risk factor for oral and oropharyngeal cancers. About 25 percent of patients with these cancers are infected with the same HPVs as are seen in with cervical cancer. In particular, there is a strong link between HPV-16 and oropharyngeal cancer. HPV appears to be a more serious risk factor for oropharyngeal cancer than for oral cavity cancers. People with oral cancers linked to HPV tend to not be smokers or drinkers, and usually have a good prognosis. Typically, HPV infections in the mouth and throat do not produce any symptoms, and only a small percentage of these infections develop into cancer.
• **Immune system suppression**: Taking drugs that suppress the immune system, such as those used to prevent rejection of a transplant organ or to treat certain immune diseases, may increase the risk of oral cancer.

**CASE STUDY SOAP NOTE**

Patient Initials: ____________  Admit Date: _________________  Current Date: _________________

**SUBJECTIVE:** *(Patients statements regarding the reason for seeking care. Should be written as a narrative paragraph.)*

**OBJECTIVE:** *(Data that are measured and observed by the healthcare provider.)*

**ASSESSMENT:** *(Nursing diagnosis in PES format based on subjective and objective data.)*

**PLAN:** *(What the caregiver plans to do. Each listed plan should include a rationale and must be cited using evidence-based practice resource. Please include a list of your references.)*