



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.

Time	Learning Activity	Instructor Notes
20 minutes	Demonstration and discussion of HEENOT assessment	Demonstrate how to obtain a history and assessment of the head, face, nose and neck.
30 minutes	Practice assessment of head, neck, and face	Have students take a history and perform an assessment on their partner.
25 minutes	Demonstrate examination of eyes, ears, mouth and throat.	Demonstrate assessment of eyes, ears, mouth and throat.
30 minutes	Practice assessment of eyes, ears, mouth, and throat.	Have students take a history and perform an assessment on their partner.
45 minutes	Interactive HEENOT Case Study	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.
15 minutes	Discussion of Midterm Return Demonstration	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.

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

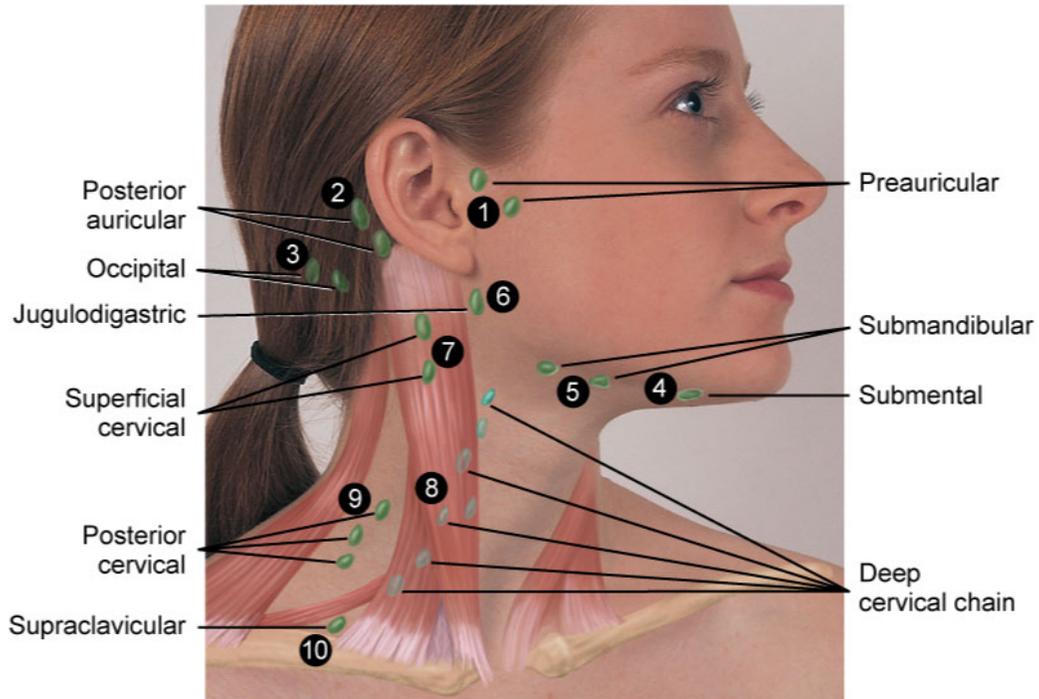
- a. Inspection:
 - i. Facial expression
 - ii. **Color and texture (especially at mouth* and earlobes)**
 - iii. Symmetry of structures
 - iv. Involuntary movements
 - v. Edema
- b. Palpation:
 - i. Masses or lesions
 - ii. Temporomandibular joint (crepitation, popping, tenderness)

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)

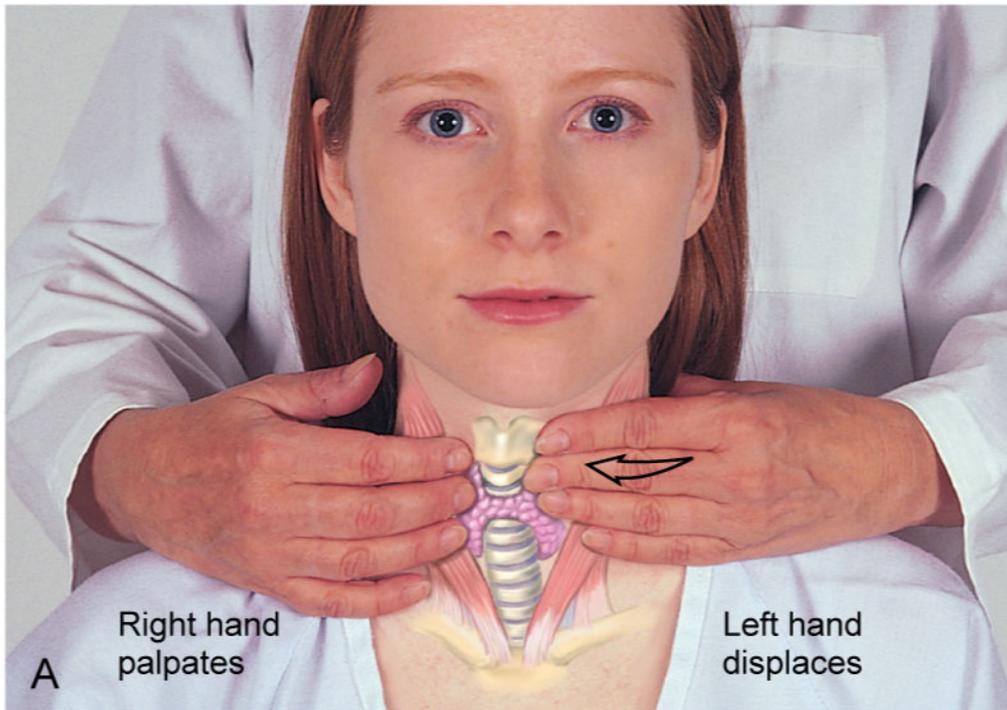
* Part of General Head to Toe Assessment

Lymph Node Palpation



Copyright © 2012, 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc. All rights reserved.

Thyroid Palpation



Copyright © 2012, 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc. All rights reserved.

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

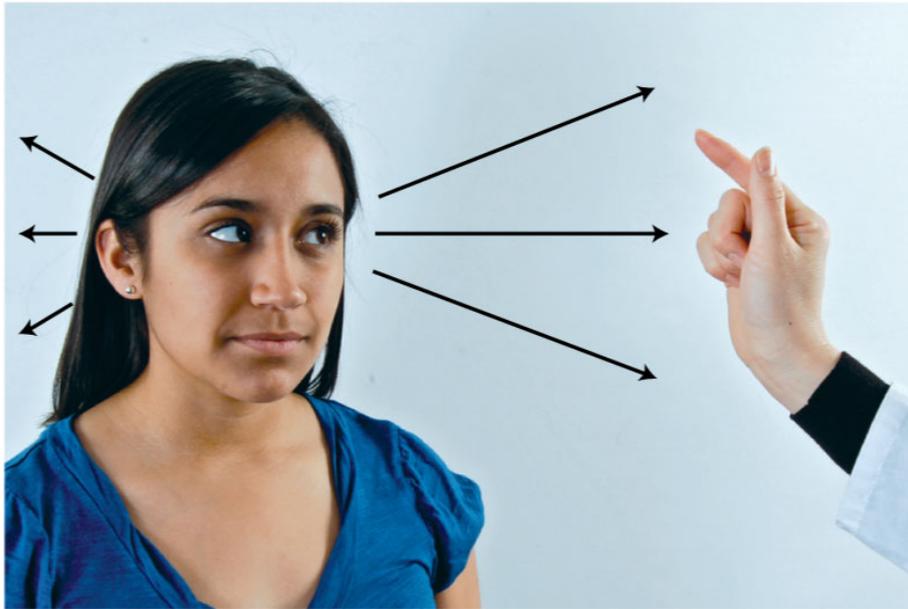
- a. History (*from Review of Systems*):
 - i. Mouth pain, frequent sore throat, bleeding gums, toothache, lesion in mouth or on tongue, dysphagia, hoarseness or voice change, tonsillectomy, altered taste
 - ii. Pattern of daily dental care, use of dentures, bridges, last dental checkup
- b. Inspection: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



Copyright © 2012, 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc. All rights reserved.

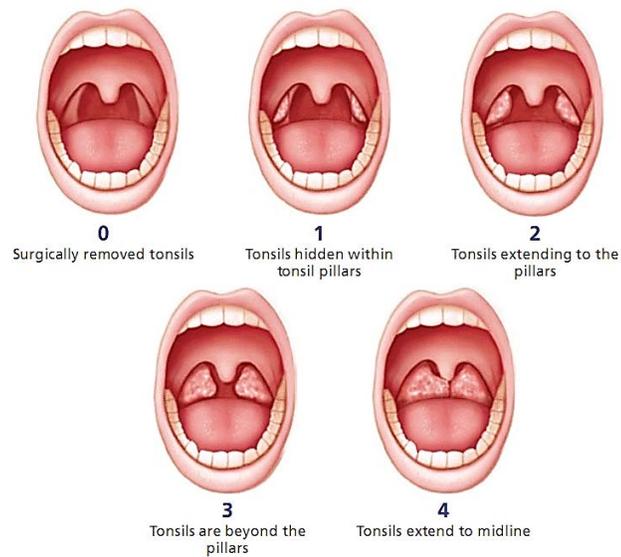
Confrontation – Peripheral Fields of Vision



Copyright © 2012, 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc. All rights reserved.

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: <ul style="list-style-type: none"> • 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 patients ability to eat.
Diagnosis	Squamous Cell Carcinoma
Treatment	Surgery
Setting	From Primary Care Nurse Practitioner office to ENT
Reason for Visit	"I have of a lump under her tongue of about 3 weeks and its hard for me to eat".
The Patient	
Name	Use own data
Age	20
Ethnicity	Hispanic
Important Cultural characteristics	None
Behavior	Fatigue, uncomfortable swallowing
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
ROS	
Social History	
Family Life: marital status, kids	Student in third year of college

Occupation	College student
Smoking History	Denies
Alcohol History	socially
Drug Use	Denies
Questions	
If a student asks you...	Your response
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.)*