

Head, Eyes, Ears Nose and Throat Examination Checklist

Instructions: *Italicized information indicates what the student should be verbalizing.*

Students are expected to document the findings in a systematic way. Not all components of the head and neck examination will always be performed. For example, you would not necessarily conduct a visual assessment with someone presenting with a sore throat, but you would conduct an inspection of the eyes to note any conjunctival findings which may be pertinent.

The following is an example of findings following assessment of the head.

Hair is clean. No nits noted. Facial expressions are symmetrical. No involuntary movements noted. Skin is free of lesions or discolorations. No tenderness to palpation, no deformities, depressions, or lumps noted. Students would then move on to documentation related to the eyes.

	Performed	Verbalized
<i>Washes hands FIRST and dons appropriate personal protective equipment.</i>	Y / N	
<i>Introduces self to patient using first and last name, including role.</i>		Y / N
Notes general appearance and vital signs.		Y / N
Positions table appropriately (table should be flat).	Y / N	
Head		
Inspection		
1. Hair: Quantity, distribution, texture, and any pattern of loss <i>Look at head from several different angles.</i>	Y / N	Y / N
2. Scalp: Scaliness or lesions (including nits) <i>Part the hair in several places to look.</i>	Y / N	Y / N
3. Skull: Size, contour, and any asymmetry <i>Look at head front, sides, and back.</i>	Y / N	Y / N
4. Face: Expression and contours, any involuntary movements or asymmetry	Y / N	Y / N
5. Skin: Discoloration, lesions, and distribution of facial hair <i>Look generally at face and neck.</i>	Y / N	Y / N
Palpation		
1. Skull: Deformities, depressions, lumps, or tenderness <i>Palpate over entire head.</i>	Y / N	Y / N

Ears	Performed	Verbalized
Inspection		
1. Auricles: Deformity, masses, skin lesions <i>Look anterior and behind auricles by pulling auricle forward.</i>	Y / N	Y / N
Palpation		
1. Auricles/tragi/mastoids: Tenderness, nodules, edema <i>Pull auricle up and down, press the tragus, palpate over mastoid.</i>	Y / N	Y / N
2. Gross auditory acuity test Test cranial nerve VIII by one of two methods <i>Finger rub one ear at a time with opposite ear occluded, or Stand 1–2' in front or behind patient and ask patient to occlude one ear with finger then whisper two-syllable words and ask patient to repeat the word.</i>	Y / N	Y / N
Otoscopic Exam		
1. Holds auricle and otoscope correctly <i>Hold otoscope in a way that protects patient from injury by using fingers or the side of handheld against face. Pull auricle upward and back to straighten the canal.</i>	Y / N	Y / N
2. Ear canals: Discharge, foreign bodies, erythema, edema, cerumen, masses	Y / N	Y / N
3. Tympanic membranes: Notes Colour, contour, malleus, cone of light, and perforations Notes Mobility of TM. (Mobile or non-mobile)	Y / N	Y / N
Special Tests - NPs		
1. Mobility of tympanic membrane with pneumatic otoscope	Y / N	Y / N
2. Conductive vs. sensorineural hearing loss <i>Weber test: Place tuning fork at middle of head or bridge of nose and ask patient in which ear the sound is best heard or if it is equal. Rinne test: Hold tuning fork over mastoid until patient cannot hear sound, then immediately hold tuning fork, U facing forward, next to ear and ask patient if the sound is heard again.</i>	Y / N	Y / N
Eyes		
Vision		
1. Visual acuity OD, OS, then OU with correction if needed <i>Ask patient if he/she wears corrective lenses and to put them on if so. Use Rosenbaum chart at 14". Ask patient to cover one eye at a time and read the smallest print line possible, and then test both eyes at the same time.</i>	Y / N	Y / N
2. Visual field screening Peripheral vision <i>Stand in front of the patient and ask patient to look at examiner's eyes. Put both hands lateral to the patient's ears. Wiggle fingers and bring hands forward one hand at a time until patient can visualize. Repeat this in the upper and lower temporal quadrants.</i>	Y / N	Y / N
3. Nasal defect or Kinetic perimetry <i>Have the patient cover one eye at a time. Wiggle the fingers of one</i>	Y / N	Y / N

<i>hand on the same side as the eye that is covered and move from the ear across the face toward the opposite ear.</i>		
4. Color vision	Y / N	Y / N
Inspection		
1. Assess lids: direction of eyelashes, discoloration, masses, lesions, edema <i>Stand in front and look at lids and lashes.</i>	Y / N	Y / N
2. Assess each lacrimal apparatus: note swelling or tearing <i>Stand in front and look at the region of the lacrimal gland and lacrimal sac.</i>	Y / N	Y / N
3. Conjunctivae and sclerae: color, swelling, discharge, vascularity, nodules <i>Use fingers to gain adequate exposure of the sclera and conjunctiva. Ask patient to look side to side and up and down to expose the visible sclera.</i>	Y / N	Y / N
4. Corneas and lenses: Opacities <i>Use oblique lighting pointing directly lateral to the iris.</i>	Y / N	Y / N
5. Irises: Assess depth of the anterior chamber <i>Use oblique lighting pointing directly lateral to the iris.</i>	Y / N	Y / N
6. Pupils: size/shape/symmetry/reaction to light (direct/consensual) and accommodation <i>Using oblique lighting, ask patient to look into the distance, and shine light into each pupil in turn.</i>	Y / N	Y / N
<i>To test the direct and consensual reaction, shine light in each eye twice.</i>	Y / N	Y / N
<i>To check for accommodation, hold a pencil 10 cm from the patient's eyes, and ask him/her to look at the pencil, then into the distance, and back at the pencil.</i>	Y / N	Y / N
7. Corneal light reflections <i>Stand 2' in front and ask patient to look at light. Observe the reflections of the light just nasal to midline in the pupil.</i>	Y / N	Y / N
8. Extraocular movements Including convergence, looking for conjugate gaze, nystagmus, and lid lag <i>Test lateral, upper and lower temporal quadrants by making a large H in the air to lead the patient's gaze. Test convergence by asking patient to follow your finger as you bring it to their nose.</i>	Y / N	Y / N
Special Tests - NPs		
1. Cover/uncover test To test for a deviated eye <i>Cover then uncover one eye at a time watching for repositioning of the exposed eye.</i>	Y / N	Y / N
2. Eversion of lid and inspection of upper palpebral conjunctivae <i>Use cotton swab or tongue depressor to evert the upper lid.</i>	Y / N	Y / N
Ophthalmoscopic exam		

1. Darken room and ask patient to focus on distant object	Y / N	Y / N
2. Use correct hand/eye for each of patient's eyes <i>Provider's left hand/eye to patient's left eye, provider's right hand/eye to patient's right eye.</i>	Y / N	Y / N
3. Hold ophthalmoscope at a 15° angle from patient's eye 15" away and note the red reflex.	Y / N	Y / N
4. Move closer to the patient and focus with the ophthalmoscope.	Y / N	Y / N
5. Inspect the optic disc: Note colour, clarity of outline, size of physiologic cup, symmetry between eyes, and any papilledema.	Y / N	Y / N
6. Inspect the retina: Distinguish arteries from veins; arteriovenous junctions; and note any lesions, masses, hemorrhages, or exudates.	Y / N	Y / N
7. Inspect the fovea and macula: Note exudates, hemorrhages, or cysts <i>Ask patient to look into light.</i>	Y / N	Y / N
Nose	Performed	Verbalized
Inspection		
1. External surface: Notes asymmetry, lesions, or deformity	Y / N	Y / N
Palpation		
1. Nose: Notes tenderness, masses <i>Palpate bone and cartilage midline and lateral.</i>	Y / N	Y / N
2. Nares: Assess patency <i>Occlude one nare at a time and ask patient to breath in through nose.</i>	Y / N	Y / N
3. Frontal sinuses and maxillary sinuses: Assess tenderness <i>Palpate upward under bony ridge of eyebrows and upward on the maxillary sinuses.</i>	Y / N	Y / N
4. Transillumination of the sinuses <i>This is a special test. Place light source upward under each brow to illuminate frontal sinus. Place light source just below eye and point downward; look at roof of mouth for illumination.</i>	Y / N	Y / N
5. Internal nose Assess both nares using otoscope with nasal illuminator <i>Insert nasal speculum without touching the septum, enough to get visualization of the inferior turbinate and septum, using a light source</i>	Y / N	Y / N
6. Assess the mucosa including colour, swelling, bleeding, exudate, ulcers, polyps.	Y / N	Y / N
7. Assess the septum for deviation, inflammation, perforation <i>Look midline at the septum bilaterally.</i>	Y / N	Y / N
Mouth and Pharynx	Performed	Verbalized
Mouth		
Inspection		
1. Lips:	Y / N	Y / N

Note colour, moisture, lesions, cracking, scaliness		
2. Oral mucosa: Note color, areas of pigmentation, ulcers, white patches, nodules <i>Use a light and tongue blade to inspect.</i>	Y / N	Y / N
3. Gums: Note colour, swelling, ulceration, bleeding, retraction <i>Use a light and tongue blade to inspect.</i>	Y / N	Y / N
4. Teeth: Note caries, abnormal position, missing <i>Use a light and tongue blade to inspect.</i>	Y / N	Y / N
5. Hard palate: Note colour, lesions, masses <i>Use a light to inspect.</i>	Y / N	Y / N
6. Tongue: Note colour, lesions, texture <i>Ask patient to stick out tongue and then move it to one side and then the other side to look for abnormalities.</i>	Y / N	Y / N
7. Pharynx: Note colour, swelling, lesions, symmetry <i>Use a light and tongue blade to inspect.</i>	Y / N	Y / N
8. Soft palate: Examine uvula <i>Use a light and tongue blade to inspect.</i>	Y / N	Y / N
9. Tonsils: Note colour, ulcers, swelling, symmetry, exudate <i>Use a light and tongue blade to inspect.</i>	Y / N	Y / N
Palpation		
1. Tongue and floor of mouth: Note induration <i>With gloves on, use a piece of gauze to hold the tip of the tongue and distract the tongue outward and lateral to visualize the sides and underneath of the tongue for abnormalities; palpate base of mouth and sides of tongue for induration.</i>	Y / N	Y / N
2. Gums/teeth: Note tenderness, loose teeth <i>Use gloves and palpate over upper and lower gums and teeth.</i>	Y / N	Y / N
3. Jaw Assess range of motion: note swelling, tenderness, snapping, or clicking <i>Use index fingers just in front of tragus and ask patient to open and close mouth.</i>	Y / N	Y / N
Neck	Performed	Verbalized
Inspection		
1. Neck: Note symmetry, scars, masses <i>Check anterior, lateral, and posterior neck.</i>	Y / N	Y / N
2. Trachea: Note any deviation <i>Perform inspection in front of the patient.</i>	Y / N	Y / N

<p>3. Thyroid gland: Note symmetry at rest and with swallowing <i>Look at patient from the front, fully expose the lower neck, then ask him/her to tip head back slightly and swallow.</i></p>	Y / N	Y / N
<p>4. ROM: Assess flexion, extension, rotation, and lateral bending <i>Ask patient to touch chin to chest, look up toward the ceiling, look side to side over each shoulder, and bring ear to shoulder bilaterally.</i></p>	Y / N	Y / N
Palpation		
<p>1. Lymph nodes: Note size, shape, mobility, consistency, and tenderness <i>Palpate in front of tragus, postauricular into the hair at least an inch, base of the skull in hairline, along inferior jaw line from TMJ to middle of chin, along the sternocleidomastoid (SCM) and anterior and posterior to the SCM from ear to clavicle, superior to clavicle from just lateral to midline to midclavicular line, all bilateral. Name the lymph nodes as they are palpated.</i></p>	Y / N	Y / N
<p>2. Trachea: Note any deviation <i>Place finger between trachea and SCM muscle, note space and compare to other side.</i></p>	Y / N	Y / N
<p>3. Thyroid gland: Note size, symmetry, consistency, tenderness, nodules <i>Stand behind or at side of patient and place index fingers just below the cricoid cartilage, ask patient to swallow and feel for movement of the thyroid gland. Next, displace the trachea to each side and palpate the lobes laterally between the displaced trachea and the relaxed SCM.</i></p>	Y / N	Y / N
<p>4. Cervical spine: Note tenderness at midline <i>Palpate midline over spinous process from base of skull in hair through T1.</i></p>	Y / N	Y / N
<p>5. Cervical muscles: Note tenderness or spasms <i>Palpate sides of neck and over trapezius muscles from base of neck to scapular spine.</i></p>	Y / N	Y / N
Auscultation		
<p>1. Thyroid gland: If enlarged, check for bruit.</p>	Y / N	Y / N

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