Nursing Ear Assessment

Patient information	
Name: Peter Smith	**Gender:**male
Date of birth:11/3/46	**Medical ID:**00987654
Date of assessment:12/5/24	**Assessed by:**Nurse H. Mains
Allergies:none	
Current medications:none	

Patient history	
Previous ear surgeries or known ear or hearing conditions:	**History of ear infections:**
normal aging-related hearing loss, both ears	none
Hearing loss history:	**Exposure to loud noise (85 decibels or more):**
Normal age-related hearing deterioration	worked in mechanics garage for 25 years aged 39-64 - some loud noise exposure, limited ear protection
Use of hearing aids:	**Family history of ear diseases/conditions or premature hearing loss:**
☐ Yes (currently uses) ◉ No	none
Recent upper respiratory infections:	**Other relevant history:**
COVID-19 infections, 3 weeks ago	none

General observations	
Signs of distress or discomfort:	
☑ Yes ☐ No	
Patients ability to follow instructions:	*If impaired, please describe:*
☐ Good ☑ Impaired ☐ N/A	Patient struggles to hear instructions, will often speak over you to tell you he can ’ t hear you as you repeat yourself
Ear pain assessment	
Ear pain:	*If pain is present, please describe:*
☐ None ☐ Mild ☑ Moderate ☐ Severe	In left outer ear canal, feeling of pressure
Pain onset:	**Pain duration:**
Factors aggravating pain:	**Factors relieving pain:**
Lying on the side of the affected ear	Sitting up
Associated symptoms:	
Feeling of pressure in left ear, pain, especially when lying down. Likely otitis externa (swimmers ear)	
External ear inspection *(please indicate on which are any abnormalities are found)*	
Skin integrity:	**Presence of erythema:**
☑ Normal ☐ Abnormal ☐ Not assessed	☐ Yes ☑ No ☐ Not assessed
If abnormal, describe:	*If present, describe:*

Lesions or lumps:	**Swelling:**
☐ Yes ☑ No ☐ Not assessed	☐ Yes ☑ No ☐ Not assessed
If present, describe:	*If abnormal, describe:*
Drainage:	**Cerumen accumulation:**
☐ Yes ☐ No ☑ Not assessed	☐ Yes ☑ No ☐ Not assessed
If abnormal, describe:	*If abnormal, describe:*
Post auricular area:	**Mastoid process:**
☑ Normal ☐ Abnormal ☐ Not assessed	☑ Normal ☐ Abnormal ☐ Not assessed
If abnormal, describe:	*If abnormal, describe:*

Palpation of external ear	
Tenderness:	**Mass palpable:**
☐ Yes ☐ No ☉ Not assessed	☐ Yes ☐ No ☉ Not assessed
Location and pain description:	*Details:*
Warmth:	**Crepitus:**
☐ Yes ☉ No ☐ Not assessed	☐ Yes ☐ No ☉ Not assessed
Details:	*Details:*
Other external abnormalities:	
none	
Otoscopic examination	
Right ear external canal:	*Details:*
☉ Normal ☐ Abnormal ☐ Not assessed	

Right ear tympanic membrane appearance & color:	
Normal	
Right ear tympanic membrane mobility:	
Normal for age	
Right ear scarring or perforation:	*Details:*
☐ Present ◉ Not present ☐ Not assessed	
Right ear fluid or pus:	*Details:*
☐ Present ☐ Not present ☐ Not assessed	
Left ear external canal:	*Details:*
◉ Present ☐ Not present ☐ Not assessed	Normal
Left ear tympanic membrane appearance and color:	
Normal	
Left ear tympanic membrane mobility:	
Normal for age	

Left ear scarring or perforation:	*Details:*
☐ Present ☑ Not present ☐ Not assessed	
Left ear fluid or pus:	*Details:*
☐ Present ☑ Not present ☐ Not assessed	

Hearing assessment

Audiometry test results:

loss of high frequency above 1800 Hertz

Whisper test results: failed

In:

☐ Right ear ☐ Left ear ☑ Both ears

Weber test results:

☐ Lateralization to right ear ☐ Lateralization to the left ear ☐ None ☑ N/A

Right ear Rinne test:	*Details:*
☐ AC > BC ☐ BC > AC ☑ N/A	
Left ear Rinne test:	*Details:*
☐ AC > BC ☐ BC > AC ☑ N/A	

Other hearing tests:
Patient’s self assessment of hearing:
Patient recognises hearing to be poor
Additional observations and comments:
The patient needs to see an audiologist and be fitted with hearing aids. He also likely requires an ear drops prescription for Swimmer ’ s Ear.

Nurse signature: 

Nurse name: Helen Mains **Date:** 12/5/24

Note*: This document is intended as a guidance tool for healthcare professionals only. It should be used in accordance with hospital policies and procedures. All assessments must be carried out by a qualified nurse or healthcare provider.*