

Nursing Ear Assessment

Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Date of Assessment:

Allergies:

Current Medications:

Patient History

Previous ear surgeries:

History of ear infections:

Hearing loss history:

Exposure to loud noises:

Use of hearing aids:

Family history of ear diseases:

Recent upper respiratory infections:

Other relevant history:

General Observations

Signs of distress: Yes No

Details:

Patient's verbal communication: Clear Impaired

Details:

Patient's ability to follow instructions: Good Impaired

Details:

Ear Pain Assessment

Ear pain: None Mild Moderate Severe

Details:

Pain onset:

Pain duration:

Pain description:

Factors aggravating pain:

Factors relieving pain:

Associated symptoms:

Inspection of External Ear

Skin Integrity: Normal Abnormal

Details:

Presence of erythema: Yes No

Details:

Lesions or lumps: Yes No

Details:

Swelling: Yes No

Details:

Drainage: Yes No

Details:

Cerumen accumulation: Yes No

Details:

Post auricular area: Normal Abnormal

Details:

Mastoid process: Normal Abnormal

Details:

Palpation of External Ear

Tenderness: Yes No

Location:

Mass palpable: Yes No

Location & Size:

Warmth: Yes No

Details:

Crepitus: Yes No

Details:

Other abnormalities:

Otoscopic Examination

Right Ear – External canal: Normal Abnormal

Details:

Right Ear – Tympanic membrane appearance:

Right Ear – Color of Tympanic membrane:

Right Ear – Tympanic membrane mobility:

Right Ear – Presence of scars or perforations: Yes No

Details:

Right Ear – Fluid or pus: None Present

Details:

Left Ear – External canal: Normal Abnormal

Details:

Left Ear – Tympanic membrane appearance:

Left Ear – Color of Tympanic membrane:

Left Ear – Tympanic membrane mobility:

Left Ear – Presence of scars or perforations: Yes No

Details:

Left Ear – Fluid or pus: None Present

Details:

Hearing Assessment

Audiometry test results:

Whisper test: Right Ear Left Ear Both

Results:

Weber test: Lateralization to Right Ear Lateralization to Left Ear None

Results:

Right Ear – Rinne test: AC > BC BC > AC

Results:

Left Ear – Rinne test: AC > BC BC > AC

Results:

Other hearing tests:

Patient's self-assessment of hearing:

Additional Observations and Comments

Signature

A handwritten signature in black ink, consisting of several loops and flourishes, is written in the signature field.

Nurse Name:

Date:

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