

# 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
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.*