

Tikrit University

College of Nursing

Basic Nursing Sciences



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Health assessment and physical examination

(Assessment of the Nose, Mouth, Sinus and Throat)

by:

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Assessment of Nose-Subjective Data

- Discharge: Rhinorrhea
- Frequent colds (URI)
- Sinus pain
- Trauma
- Epistaxis (Nosebleeds)
- Allergies
- Altered Smell

Subjective Data- Mouth & Throat

- Sores and lesions (mouth, tongue or gum)
- Sore throat
- Bleeding gums
- Toothache
- Hoarseness
- Dysphagia
- Altered taste
- Smoking, Alcohol consumption
- Patient-centered care (dental care patterns, dentures)

Objective Data- Preparation

- Position the patient setting up straight with his or her head at your eye level.
- Remove dentures
- Gather equipment

Equipment

1. Otoscope with short, wide-tipped nasal speculum attachment
2. Penlight

3. Two tongue blades
4. Cotton gauze pads (4X4 inches)
5. Gloves
6. Occasionally: Long-stem light attachment for otoscope

Inspect & Palpate the Nose- Objective Data

□ External Nose

- Normal Findings: Symmetric & in the midline
 - Inspect for any deformity, asymmetry, inflammation, or any skin lesions.
 - If injury is reported, palpate gently for any pain or break in contour.
- ▶ Check for nostrils patency
 - Absence of sniff indicates obstruction
- ▶ Check for smell (not done routinely, often done as a neurological assessment of Cranial Nerve I)

□ Nasal Cavity

- ▶ With the short wide-tipped speculum connected to the otoscope, view each nasal cavity with the person's head tilted back.
- ▶ Inspect nasal mucosa (Normally: red with smooth moist surface).
 - Note if there is rhinitis (nasal mucosa is swollen & bright red).
 - With chronic allergy mucosa is swollen, pale & gray.
 - Note any swelling, discharge, bleeding, or foreign body.
- ▶ **Note any deviation of the nasal septum** (deviated septum looks like a hump or shelf in one nasal cavity)
- ▶ Note any perforation or bleeding in the septum (perforation seen as light shines in other nostril)
- **Inspect the turbinates** (will not see the superior, you will see the middle and inferior only).

- Note any swelling
- **Inspect for polyps** (smooth, pale gray, avascular, mobile, and nontender)

☐ **Palpate the sinus areas**

- ▶ With thumb, press over the frontal sinuses below the eyebrows and over the maxillary sinuses below the cheekbones
 - Person should feel firm pressure but not pain
 - Abnormal Findings: sinus area tender to palpate, with chronic allergies or acute infection (Sinusitis).

☐ **Transillumination**:

- Use a strong narrow light deep

against the location of the frontal
or maxillary sinus area.

- Used when suspect sinus inflammation.
- Normal Findings: a diffuse red glow comes from the light shining through the air in healthy sinus.
- Abnormal Findings: an inflamed sinus filled with fluid does not transilluminate.
- Imprecise test

Inspect the Mouth

☐ **Lips**

- Inspect for color, moisture, cracking, or lesions
- Retract the lips and observe inner surface
 - Abnormal Findings: pallor indicates shock or anemia, cyanosis with hypoxemia, and chilling, cherry red lips with CO poisoning, acidosis from aspirin poisoning, or ketoacidosis
 - Cheilitis – cracking at the corners
 - Herpes simplex

❑ Teeth

- Note any diseased, absent, loose, or abnormally positioned teeth.
- ▶ Normal Findings: teeth look whites, straight, evenly spaced, clean and free of debris or decay.
- Compare the number of teeth with expected number for the person age.

❑ Gums

- Gums should look pink
- Check for swelling, retraction of gingival margins, spongy, bleeding or discolored gum.
- Abnormal Findings: discolored teeth, grinding down of tooth surface, plaque, dental caries, gingival hypertrophy, gingivitis (bleeds with slight pressure).

❑ Tongue Con't

- Inspect the entire U-shaped area under the tongue behind the teeth for any white patches, nodules or ulcerations.
- ▶ Abnormal Findings: lesion or any ulcer persisting > 2 weeks should be investigated – Oral malignancies.
- Palpate the U-shaped area if lesion present with person over 50, positive history of smoking or alcohol use.

❑ Palate

- ▶ Inspect for color, nodules, or lesions.
- ▶ Normal Findings: The more anterior hard palate is white and rough. The posterior soft palate is pinker, smooth, & upwardly movable.
- ▶ A normal variation is torus palatinus (a nodular bony ridge down the middle of the hard palate)
- ▶ Abnormal Findings: Yellow hard palate with Jaundice, Oral Kaposi's sarcoma in patients with AIDS.

- ❑ **Uvula**: normally looks like a fleshy pendant hanging in the midline, rise when saying “ahhh”

Inspect the Throat

☐ Tonsils

- ▶ Color : pink
- ▶ No exudate or discharge
- ▶ **Size is graded as follows:**

1+ Visible

2+ Half way between & Uvula

3+ Touching the Uvula

4+ Touching each other

- Abnormal Findings: bright red, swollen, exudate or large white spots (Acute infection)

☐ Throat

- Use tongue blade to examine the posterior pharyngeal wall for color, exudate or lesions.
- Test cranial nerves IX, X, the glossopharyngeal and vagus by triggering the gag reflex.
- Test cranial nerves **XII, hypoglossal**: Ask pt to protrude tongue (should be midline).
- Abnormal Findings: Deviated towards paralyzed side if cranial nerve XII is damaged.