

11/02/11

HEENT outline

Subjective: Headache, N/V, dizziness/vertigo, visual changes, neck pain, swelling masses, lumps in neck., PMH of head injury, numbness/tingling, alleviating factors or aggravating

Inspection: start @ Hair: color distribution

- Head size normal to proportion of the rest of the body  
- normocephalic = normal size of head

- facial expression

- overall skin color

Neck: Deformity, mass, decolorization; how do they move neck? Full ROM  
anything indicating pain/tension

Palpation: Lumps, tenderness

- Temporal pulse (2+)

Neck area - Pain? Sides; front of neck trachial midline,

- Thyroid not visible or palpable

- Assess carotid - listen to bruits

- open close mouth to check TMJ for crepitus, pain

- Check for lymph nodes & lymphadenopathy

- ROM

Head and Neck lymphatics:

Lymphadenopathy = nodes >1 cm

Preauricular: in front of ear

Post auricular: Behind ears

Occipital: base of skull

Submental: Behind tip of the mandible (under chin)

Submandibular: 1/2 way b/w the angle & the tip of the mandible

Jugulodigastric:

under the angle of the mandible

Superficial cervical:

overlying the sterno-mastoid muscle

Deep cervical: Deep under the sterno-mastoid muscle

Posterior cervical: In the posterior triangle along the trapezius muscle

Supraclavicular: Above the clavicle

Eyes:

Subjective: Eye pain? Burning/itching? Discharge? Visual changes? Redness? Glasses/contact use? Overall PMH? Glaucoma? Cataracts? Use of eye products or makeup? Last eye exam? Tear production? History of conjunctivitis?

Inspection: Signs of fatigue? Discoloration periorbital? Peri-orbital swelling? Probs w/ eyebrows or eyelashes? Symmetrical? Swelling? Redness? Discharge? Size of pupils? Note inner & outer canthi's; look @ conjunctiva (pull down eye - should be pink - pale = anemia) Sclera - is it white?

Anisocoria: 2 different pupil sizes; in 5% of population, congenital!

\*\*\*Regarding the internal eye: only sclera and retina can be examined with the ophthalmoscope.

Objective testing of the eyes:

20/40 =  
@ 20 ft u  
see what  
others see  
@ 40 ft.

1. Visual acuity via: w/ snellen chart (E chart); 20 means standing @ 20 ft. You can see what the normal eye sees @ 20 ft.
2. Confrontation test: A gross measure of peripheral vision
3. Corneal light reflex (Hirschberg test): Assess parallel alignment of the eyes.
4. Cover test: Assesses for deviation of one eye
5. 6 cardinal positions of gaze: Assessor for muscle weakness
6. Eversion of the eye

Not part of the routine exam. Done when looking for foreign body in the eye

EOMS: Extraocular movement.

- There are 6 muscles that attach the eyeball to the orbit. The following cranial nerves innervate these muscles:

VI: abducens, IV: trochlear, III: oculomotor

VI: abducens: lateral movement of the eye

IV: trochlear: downward and inward movement of the eye

III: oculomotor: most EOM movement, opening of the eyelids (motor response); pupil constriction and lens shape (parasympathetic response)

Ophthalmoscope:

Diopters = unit of strength of each lens

Black #s = +. Used to focus on near objects

Red #2 = -. Used to focus on objects further away

Red reflex: using ophthalmoscope to look through pupil at the back of the eye - it is red

Ears:

3 bones: malleus, incus, stapes.

Tympanic membrane (TM) aka eardrum

Normally, TM appears: Shiny, pearly gray in color & translucent

Subjective: Ear pain? Discharge? Hearing loss (chronic/acute)? Tinnitus? vertigo? Environment exposure? Infection? (chronic inf. can cause hearing loss)? self-care behaviors?

Inspection: External ear; Look at back of ear for skin cancer; Pull on pinna & assess for pain; Pull on auricle to assess for pain (it external otitis or tragus??)

Not on 11/09 test but on final

Hearing tests:

1. Weber: use tuning fork - strike it & place at center of forehead & ask if they hear better from one side over the other - lateralized to the H. = hearing in H. side better

2. Rinne: Renna - strike & put behind mastoid process & ask how long until you can't hear it & then pull about 8 in. from ear & AC is greater than BC (air conduction vs bone conduction)

\*\*\*use of the tuning fork measures hearing by air conduction (AC) or bone conduction (BC)

Nose:

Subjective: Pain? Discharge? Bleeding (epistaxis)? <sup>recurrent nose bleed</sup> change or decrease in ability to smell? Trauma history (broken nose)? Deviated septum? Polyps? Surgery?

Inspection: Deformity? Edema? Discoloration of external structure? Nasal mucosa appearance - Moist, pink, intact? Presence of discharge or edema internal or external

Test sense of smell.

Mouth & throat:

Sore throat / mouth pain (acute / chronic)? Discharge? Dysphagia (diff to difficulty eating)? Change in taste? Last dental visit? Smoke or oral tobacco? Self-care?

look in book like the girl's name (Kennedy's Mem)

under tongue is most common place for cancer mouth

Objective:

Lips: moist/dry? cracks, coldsores

Teeth: intact/broken? white/black? Nibbled off a gum line?

Oral mucosa: pink, moist, intact, ulcerations, blanching, discoloration, coating on tongue

Breath:

Halitosis (chronic bad breath)

Throat/tonsils: present?

Hard/soft palate: lesions, ulcerations, dryness

Frenulum: Anchors tongue to bottom of mouth, too much = less mobility = tongue-tied

Uvula:

Helps sweep food down; the hangy down thing

Gingivae:

Gums

Salivary glands: (3 pair)

1. Parotid: largest
2. Submandibular
3. Sublingual

Palpation: Mouth - Assess stability of teeth; move tongue & check for lacerations

Assess sense of taste.

Read the book and look up the following:

1. Choroid
2. Retina
3. Cornea
4. Lens
5. Optic disc
6. Fovea centralis
7. Papillary light reflex
8. Fixation

9. Accommodation
10. Conductive hearing loss
11. Sensorineural hearing loss