

Subjective Data:

Allergies: _____

Chief complaint: _____

Location: Right ear Left ear Both ears

Onset: New Onset Constant Intermittent

History:

<input type="checkbox"/> Recent trauma	<input type="checkbox"/> Vertigo	<input type="checkbox"/> Sinus problem	<input type="checkbox"/> Recent respiratory problem
<input type="checkbox"/> Headache	<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea	<input type="checkbox"/> Recent foreign body

Associated symptoms:

<input type="checkbox"/> Cold	<input type="checkbox"/> Cough	<input type="checkbox"/> Fever	<input type="checkbox"/> Running nose	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Ringing	<input type="checkbox"/> Jaw pain
<input type="checkbox"/> Pressure	<input type="checkbox"/> Popping	<input type="checkbox"/> Cough	<input type="checkbox"/> Decreased hearing	<input type="checkbox"/> Pain: Pain scale: (0-10) _____		

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Ear drum/canal	<input type="checkbox"/> Normal	<input type="checkbox"/> Bulging	<input type="checkbox"/> Redness	<input type="checkbox"/> Swelling	<input type="checkbox"/> Dull	<input type="checkbox"/> Fluid behind ear drum
Drainage	<input type="checkbox"/> None	<input type="checkbox"/> Blood	<input type="checkbox"/> Purulent	<input type="checkbox"/> Clear	<input type="checkbox"/> Other: _____	
Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Redness	<input type="checkbox"/> Swollen	<input type="checkbox"/> White patches		
Gait	<input type="checkbox"/> Steady	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Unable to stand			
Glands	<input type="checkbox"/> Normal	<input type="checkbox"/> Swollen	<input type="checkbox"/> Enlarged tonsils			
Wax	<input type="checkbox"/> None	<input type="checkbox"/> Present				
Appearance:	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress		

HEARING LOSS EMERGENCY: Contact Health Care Provider **IMMEDIATELY** if abrupt hearing loss accompanied by pain, drainage, dizziness, bloody discharge, fever or stiff neck. *Health care provider must be called if not on site or if after clinic hours.*

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

Earache

- Temp 101
- Stiff neck or pain/swelling behind ear
- Otitis medica / Otitis externa
- Popping sensation or lethargy
- Unable to visualize ear anatomy
- Decreased appetite with or without fever

Excess Ear Wax

- Bleeding or drainage from ear canal (see Ear ache Protocol)
- Inability to directly observe earwax accumulation or other signs
- Symptoms unrelieved by intervention
- Possible foreign body

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed

<p align="center">Earache</p> <ul style="list-style-type: none"> <input type="checkbox"/> If wax present refer to protocol for excess wax <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN OR <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN <input type="checkbox"/> Chlorpheniramine (CTM) 4 mg p.o. three times daily for 8 days PRN 	<p align="center">Excess Ear Wax</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN OR <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN <input type="checkbox"/> Irrigate affected ear(s) gently with room temperature water, till clear <input type="checkbox"/> If above ineffective, instill Debrox (Carbamide Peroxide 6.5% in Anhydrous glycerol), 3-5 drops in affected ear(s) twice a day for 2 days, then repeat irrigation as above.
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- Education/Intervention: Instructed not to insert Q-tips or other objects into ear, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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