Subjective Data:
Chief complaint: ____________________________

Location: ☐ Right ear ☐ Left ear ☐ Both ears
Onset: ☐ New Onset ☐ Constant ☐ Intermittent

History:
☐ Recent trauma ☐ Vertigo ☐ Sinus problem ☐ Recent respiratory problem
☐ Headache ☐ Fever ☐ Nausea ☐ Recent foreign body

Associated symptoms:
☐ Cold ☐ Cough ☐ Fever ☐ Running nose ☐ Sneezing ☐ Ringing ☐ Jaw pain
☐ Pressure ☐ Popping ☐ Cough ☐ Deceased hearing ☐ Pain: Pain scale: (0-10) ________

Objective Data: (clinically indicated VS)
BP ________ Pulse ________ Resp. ________ Temp. ________ Wt. ________ O2 sat. ________ FSBS: ________

Ear drum/canal ☐ Normal ☐ Bulging ☐ Redness ☐ Swelling ☐ Dull ☐ Fluid behind ear drum
Drainage ☐ None ☐ Blood ☐ Purulent ☐ Clear ☐ Other: ____________________________
Throat ☐ Normal ☐ Redness ☐ Swollen ☐ White patches
Gait ☐ Steady ☐ Unsteady ☐ Unable to stand
Glands ☐ Normal ☐ Swollen ☐ Enlarged tonsils
Wax ☐ None ☐ Present
Appearance: ☐ No distress ☐ Mild distress ☐ Moderate distress ☐ 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 media / 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 Earache 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

Earache
☐ If wax present refer to protocol for excess wax
☐ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN
☐ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
☐ Chlorpheniramine (CTM) 4 mg p.o. three times daily for 8 days PRN

Excess Ear Wax
☐ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN
☐ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
☐ Irrigate affected ear(s) gently with room temperature water, till clear
☐ 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.

☐ 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 ____________________________ DOC # ____________________________
(Last, First)