California Correctional Health Care Services

Institution: _____ **Encounter Form: Earache**

Name:_____ CDCR#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief complaint: _____

Date and time of onset: _____

Ear Involved: ❑ Right ❑ Left ❑ Both

Pain: Scale of 0-10 (0=no pain 10=worst pain) _____

Area of pain: _____

Quality of pain: _____

What makes it better? _____

What makes it worse? _____

Accompanying Symptoms:

❑ Itching ❑ Decreased hearing ❑ Drainage

(describe): _____

History of: ❑ Recent URI ❑ Chills/fever

❑ Chronic ear problems

Chronic illnesses: _____

Allergies: _____

Current medications: _____

_____

OBJECTIVE:

VS: Temp_____ Pulse_____ Resp____ B/P _____

	Right Ear	Left Ear
External ear and meatus:	❑ Normal ❑ Redness ❑ Swelling ❑ Cerumen ❑ Foreign body ❑ Tenderness	❑ Normal ❑ Redness ❑ Swelling ❑ Cerumen ❑ Foreign body ❑ Tenderness
Drainage	❑ None ❑ Bloody ❑ Purulent ❑ Serous	❑ None ❑ Bloody ❑ Purulent ❑ Serous
Tympanic Membrane	❑ Intact ❑ Pearly gray ❑ Dull ❑ Red ❑ Bulging ❑ Retracted ❑ Obscured ❑ Fluid	❑ Intact ❑ Pearly gray ❑ Dull ❑ Red ❑ Bulging ❑ Retracted ❑ Obscured ❑ Fluid

Adenopathy: ❑ Yes ❑ No

Mastoid pain: ❑ Yes ❑ No

Hearing Acuity	❑ Normal ❑ Reduced ❑ Absent	❑ Normal ❑ Reduced ❑ Absent

ASSESSMENT:

❑ Pain as evidenced by/related to: _____

_____

_____

❑ Alteration in sensory/perception, auditory, as evidenced by/related to:_____

PLAN:

❑ If inspection of the ear canal reveals retracted tympanic membrane and/or fluid behind the tympanic membrane refer the patient to a physician **STAT**.

❑ If the patient presents with a temperature ≥ 101.5 F and/or bulging tympanic membrane, refer the patient to a physician **STAT**.

❑ If inspection of the ear canal reveals a bulging or newly perforated tympanic membrane or purulent drainage, refer the patient to a physician **STAT**.

❑ If the patient complains of severe ear pain and hearing loss, refer the patient to a physician **STAT**.

❑ If the patient is diabetic with purulent ear drainage, refer the patient to a physician **STAT**.

For ear pain without fever or with fever less than 101.5 F:

❑ Apply warm compresses to ear PRN.

❑ Acetaminophen 325mg 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours **or**

❑ Ibuprofen 200mg 1-2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours.

❑ Cetirizine 10mg 1 tab PO once daily PRN congestion while symptoms persist.

❑ Instruct patient to follow-up in the Registered Nurse (RN) clinic in 48 hours if symptoms persist.

Cerumen impaction:

❑ Administer Carbamide Peroxide 6.5% Otic Solution: instill 5 to 10 drops into external ear canal, and then insert a cotton plug x 30 minutes.

❑ Using an otic syringe, gently flush the ear with lukewarm water and hydrogen peroxide mixture.

❑ Follow-up with the RN in 48 hours. If impaction is not fully removed and symptoms persist, repeat the procedure.

_____

Signature / Title

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Additional comments:_____

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DISPOSITION

Time released: _____

Condition on release: _____

❑ Returned to housing unit

❑ Housing reassignment to: _____

❑ Referred for clinic follow-up: ❑ Physician ❑ RN

❑ Referred to higher level of care: (specify)

_____

Person/time contacted:_____

Time/Mode of transfer: _____

Ambulance contacted (time):_____

Ambulance arrived (time):_____

List name(s) of RN Protocols used:_____

_____

_____

_____

Signature / Title

EDUCATION:

- ❑ Assess the patient's potential for understanding the health information to be provided.
- ❑ Provide patient education consistent with the assessment of the condition.
- ❑ Evaluate the patient's level of understanding and document all patient education in the health record.
- ❑ Refer the patient to other resources as needed. Document all referrals in the health record.
- ❑ Advise the patient to resubmit a CDC 7362, Health Care Services Request Form, if symptoms persist.

Patient instructed in:

- ❑ Use of medication ❑ Avoid putting anything in ears
- ❑ Resubmit a CDC 7362, Health Care Services Request Form, if there is a change in hearing acuity.

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes

4. Comments: _____