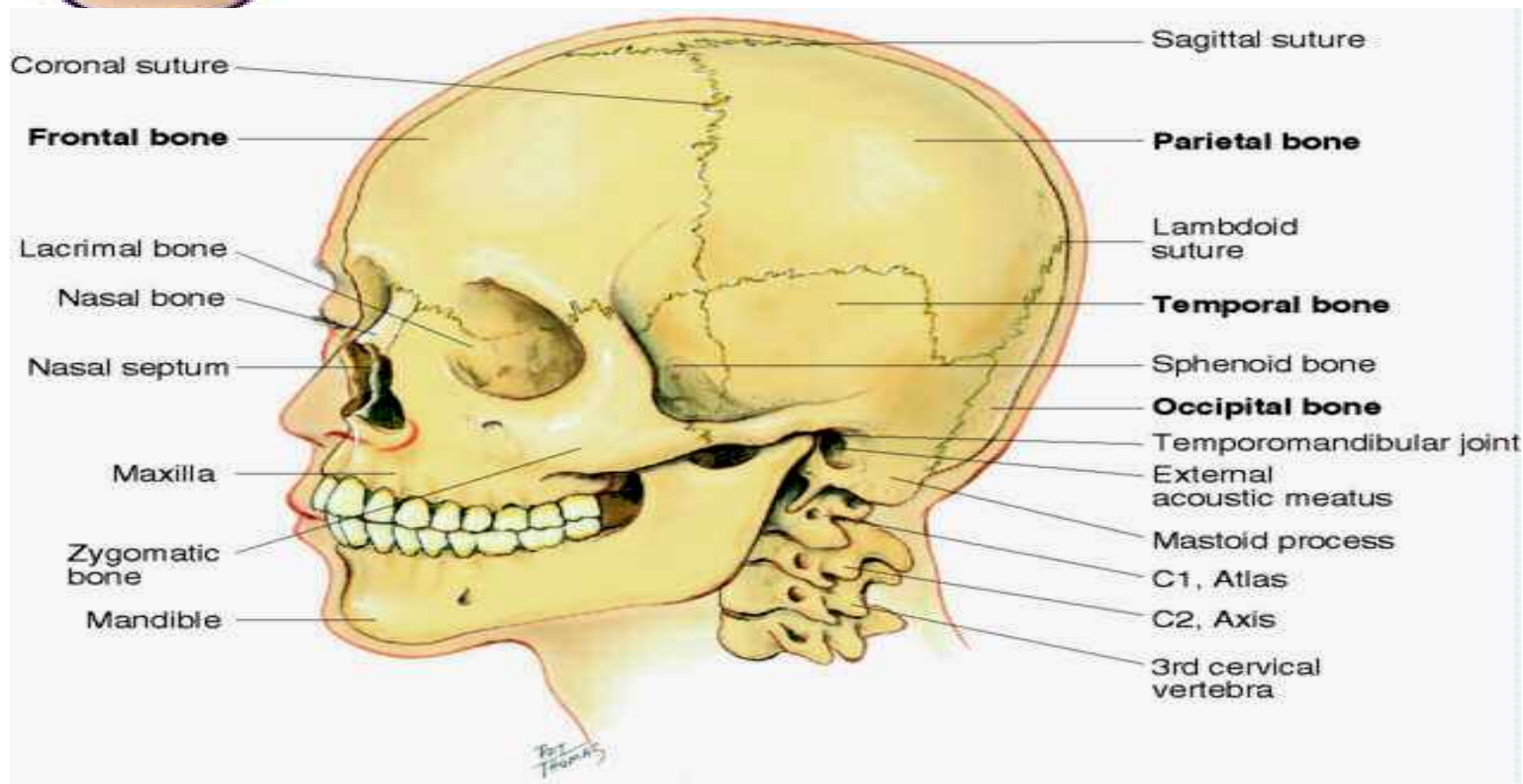




# Assessment of the Head & Neck



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# Learning objectives

- Apply knowledge of anatomy and physiology
- Obtain health history about head and neck
- Differentiate between normal and abnormal findings





# Outlines

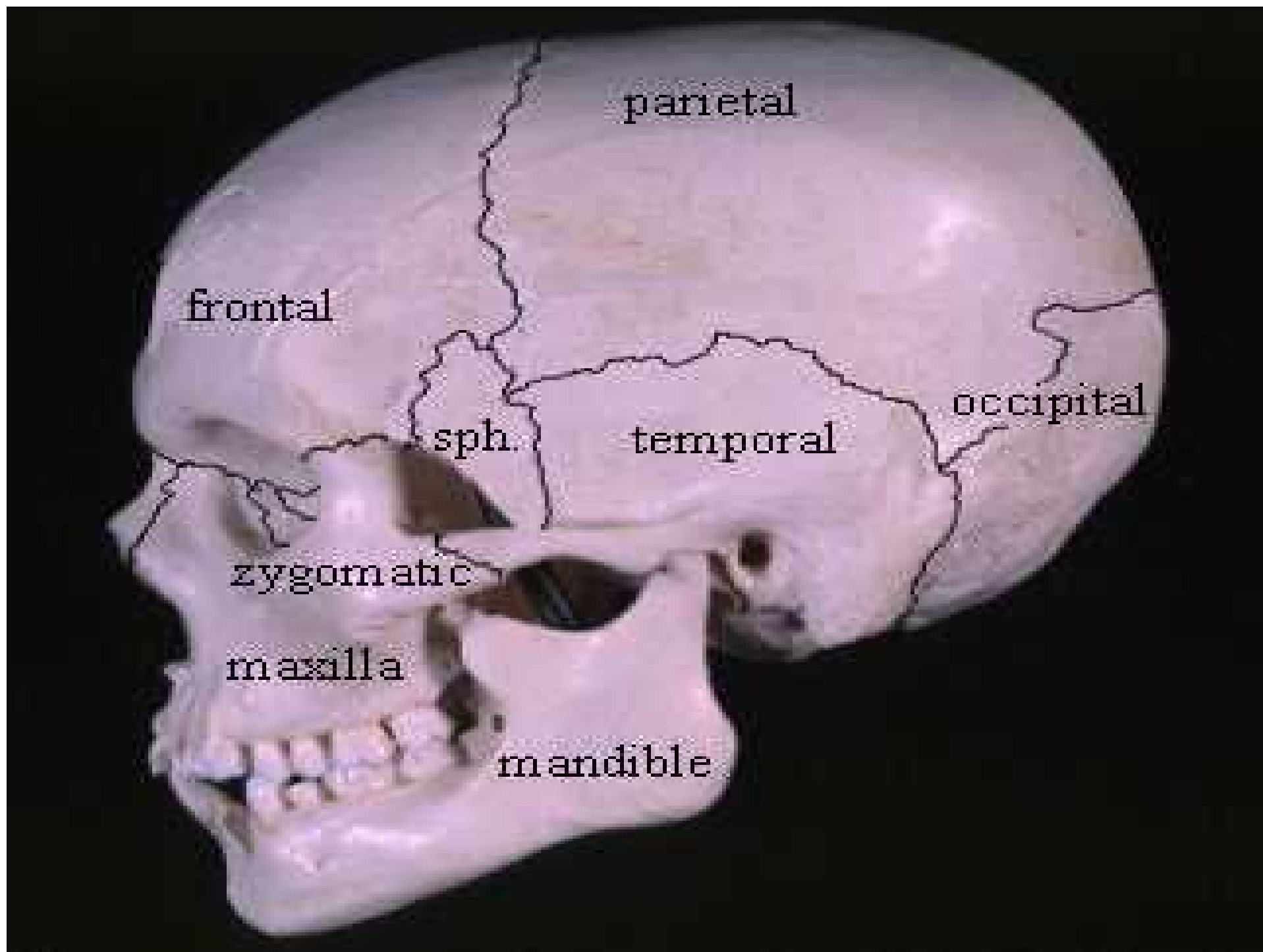
- anatomy and physiology of head and neck
- Assessment of head
- Assessment of eyes
- Assessment of E N T
- Assessment of mouth
- Assessment of neck

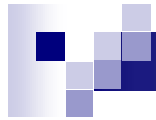




# Overview of anatomy and physiology of head

- The anatomy of the head and neck is complex **because** so many different functional structures are located close to each other. Elements of the digestive, respiratory, nervous, and endocrine systems are located sometimes within millimeters of each other. Many structures have a number of names as well.



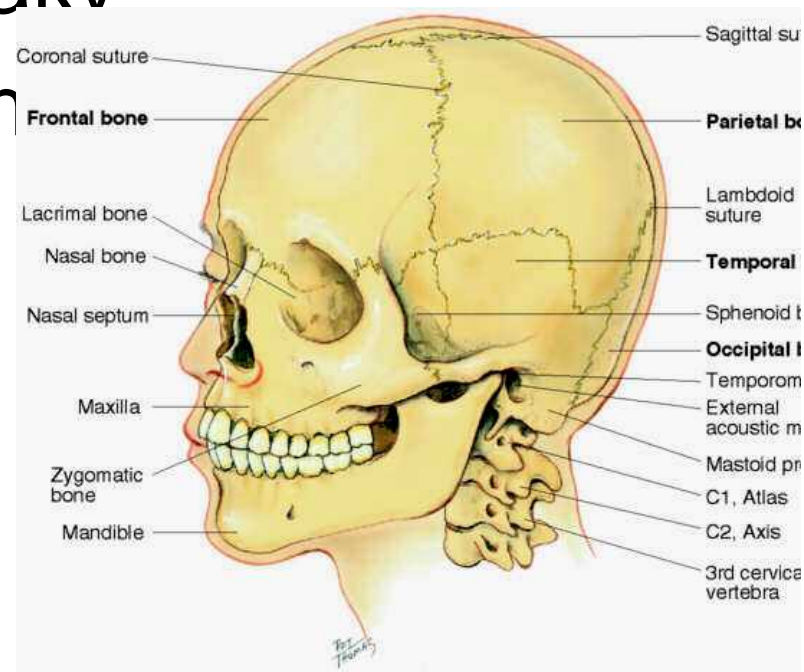


# Face contain special senses

- **Eyes** → vision
- **Ear** hearing
- **Nose** smiling
- **Mouth** taste

# Assessment of the head

- **Subjective data**
- Chief complain-----injury of head ----if so-----  
how long ago ?
- History of scalp itchy or flakv
- Any medication was taken
- Past illness
- Family history





# Health History

- **History of Head Trauma**

**Headaches**

**Swelling of face, jaws, and mastoid process**

**Medication use**

**Difficulty swallowing/chewing**

**Voice hoarseness**

**Use of tobacco**

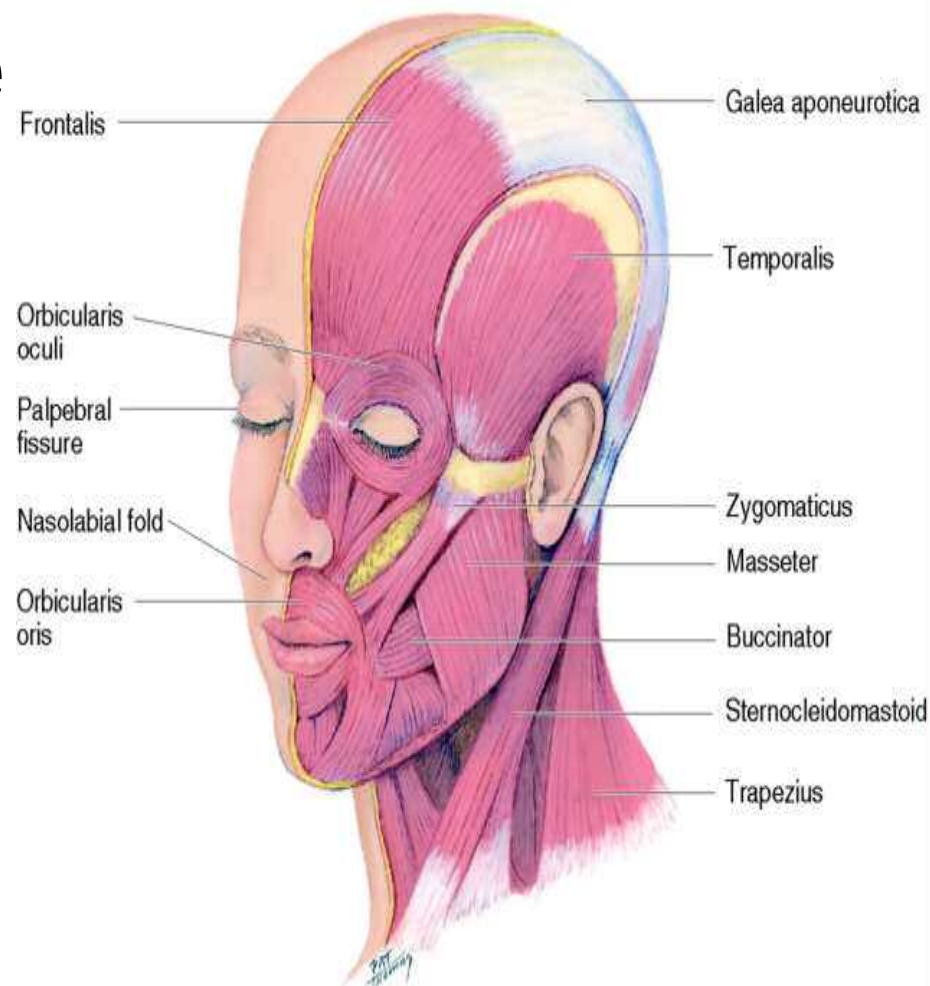
**Mouth care**



## 2-Skull and Face

### ■ Inspection

- Size & shape of skull
- Symmetry of facial features
- Observe face for ,skin color ,hair distribution





## Compare Eyebrows, nasolabial folds, sides of mouth





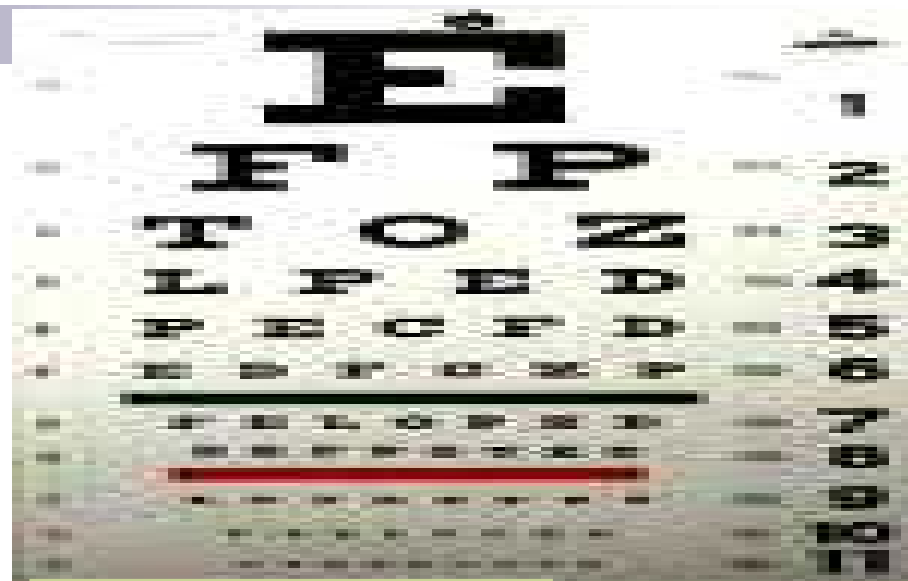
# Palpation

- **For possible tender**
- **Mass**
- **a. Palpate face for skin tone, muscle tone, and contours**
- **b. Temporal artery pulses**
- **c. Palpate the temporomandibular joints**



# Equipment

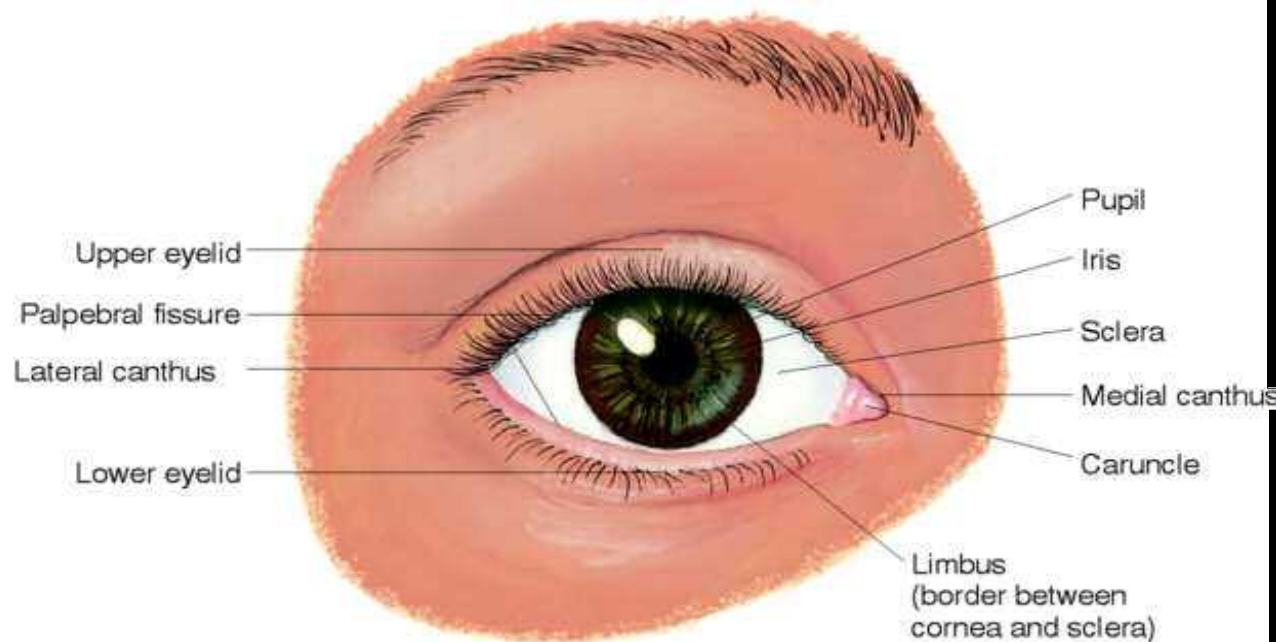
- A good light source
- Pen light
- Opaque cards
- Snellen E chart
- Ophthalmoscope
- Wisp of cotton





# Eyes

- Assess for drainage, swelling, redness, asymmetry & lesions



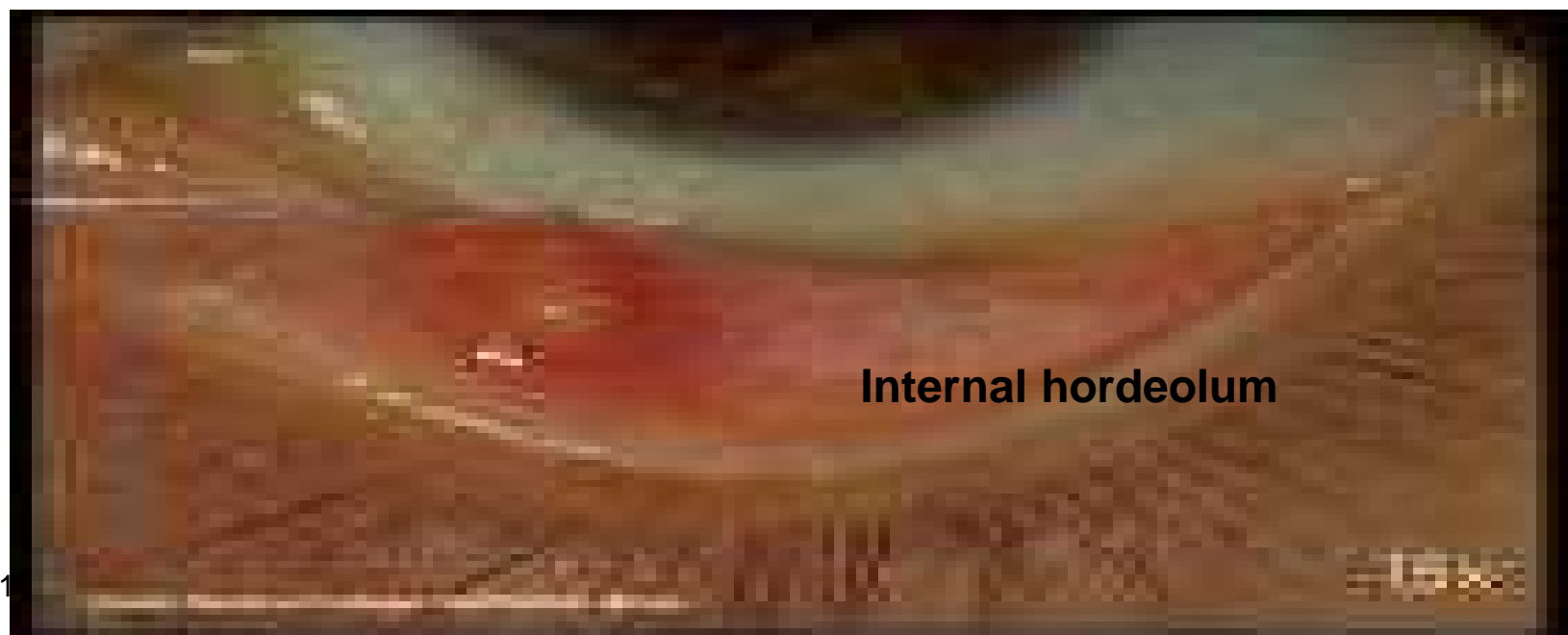
**External hordeolum**

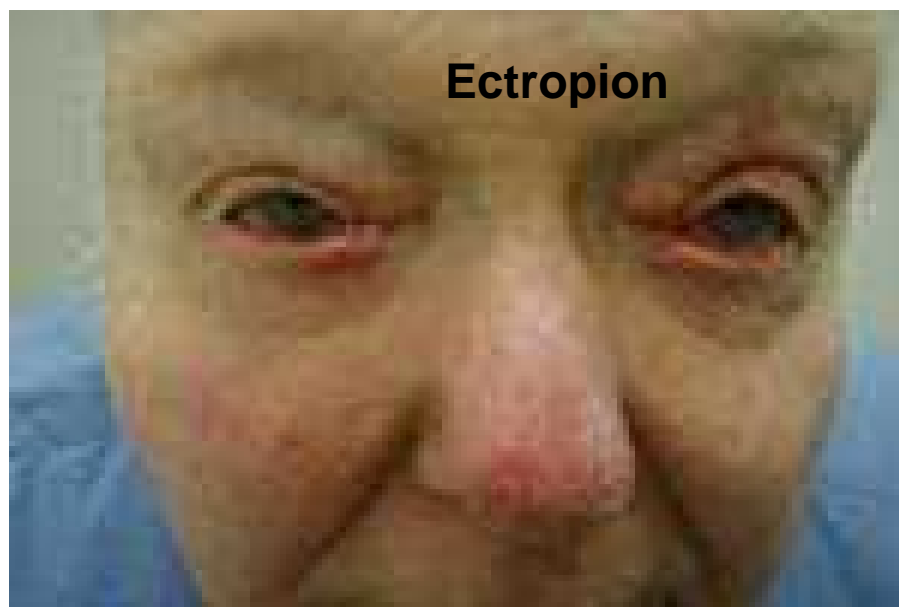


**External hordeolum**



**Internal hordeolum**

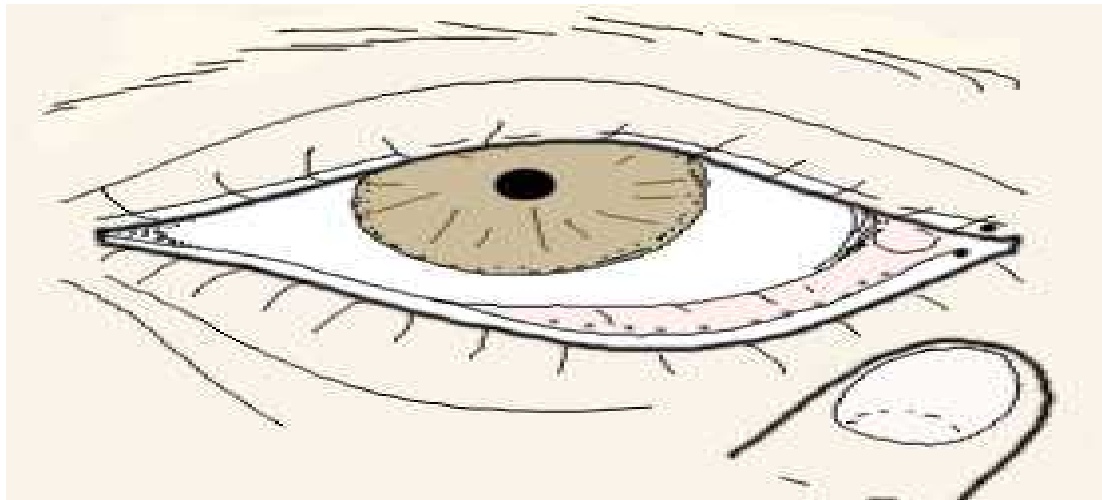




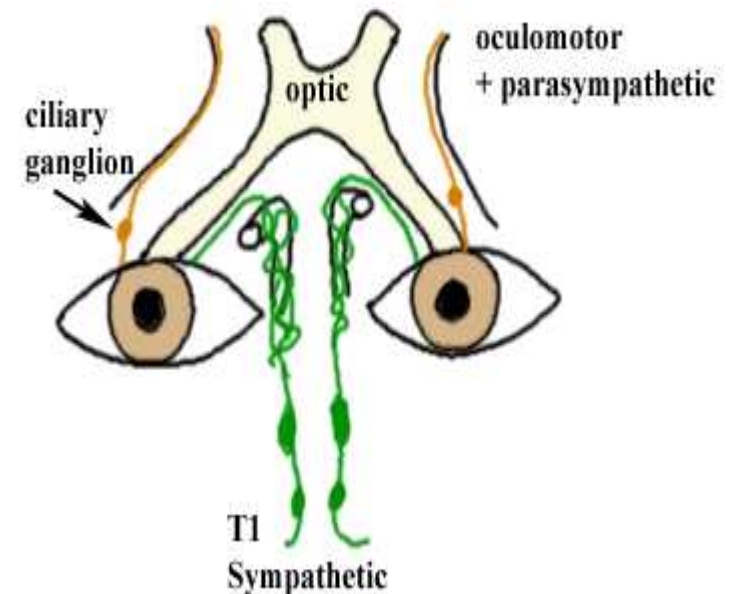


# Eyes vision assessment

- About 70% of all sensory information reach the brain through the eyes



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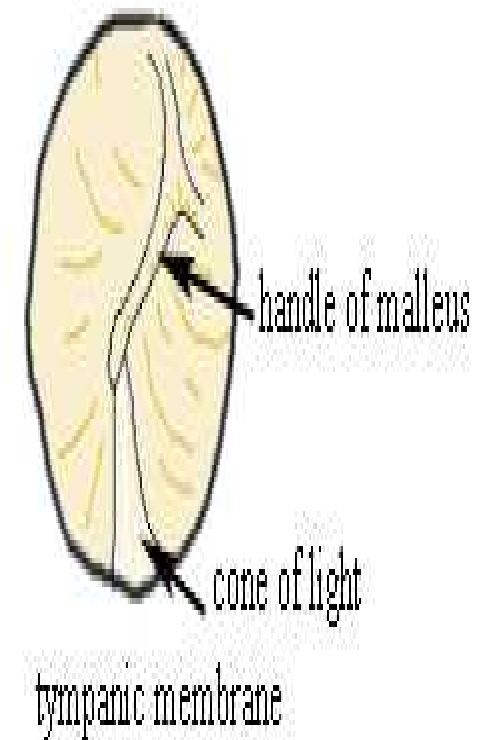
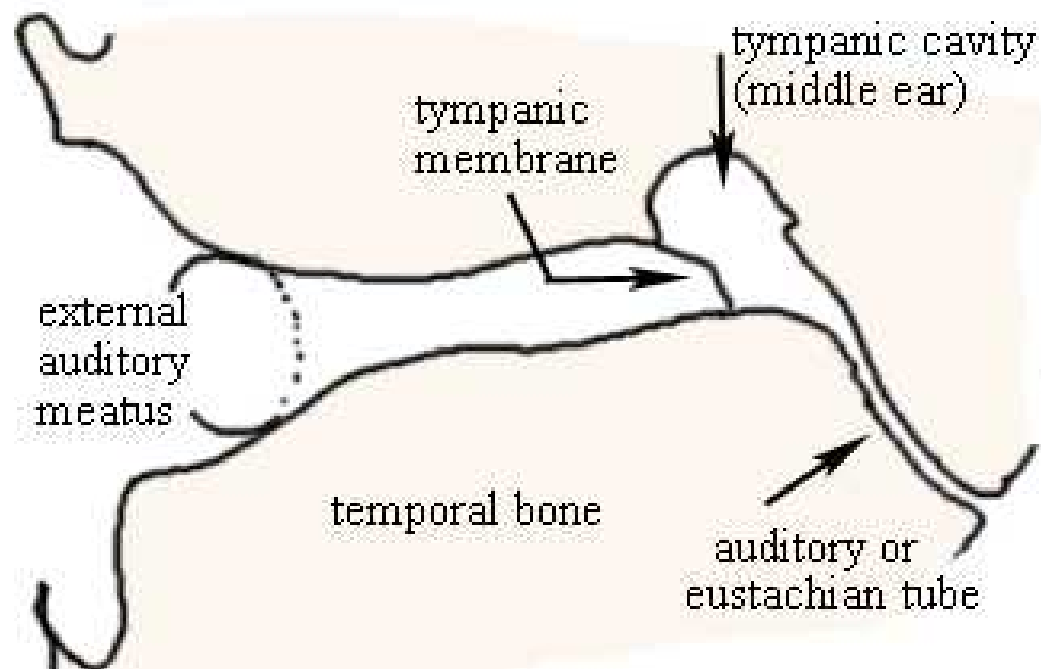


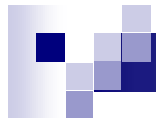
# Palpation

- Glands
- Test for reaction to light
- Test purple for accommodation
- Testing visual acuity
- Testing visual field
- Testing corneal reflexes
- Testing eye ball movement

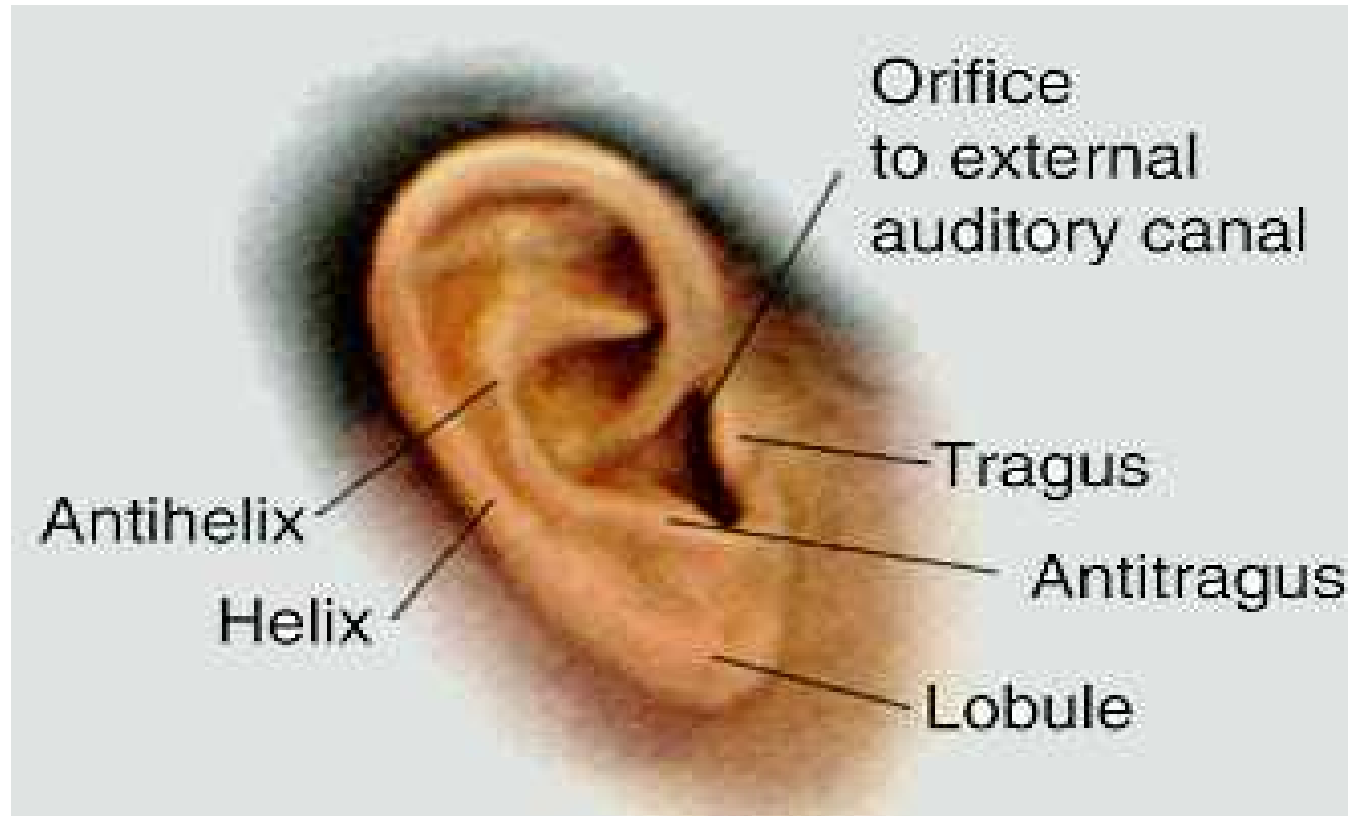


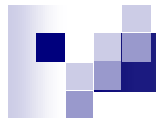
# Ear





# Ear - Inspect & Palpate





# Ear

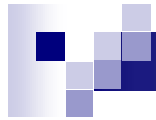
- Assess for lesions, swelling, drainage



Otitis externa



- Inspect the auricles and move them around gently. Ask the patient if this is painful.
- Palpate the mastoid process for tenderness or deformity.
- Hold the otoscope with your thumb and fingers so that the ulnar aspect of your hand makes contact with the patient.
- Pull the ear upwards and backwards to straighten the canal.
- Insert the autoscope to a point just beyond the protective hairs in the ear canal. Use the largest speculum that will fit comfortably.
- Inspect the ear canal and middle ear structures **noting any redness, drainage, or deformity.**



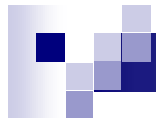
# Hearing acuity test

- Weber ,s and Rinns tests



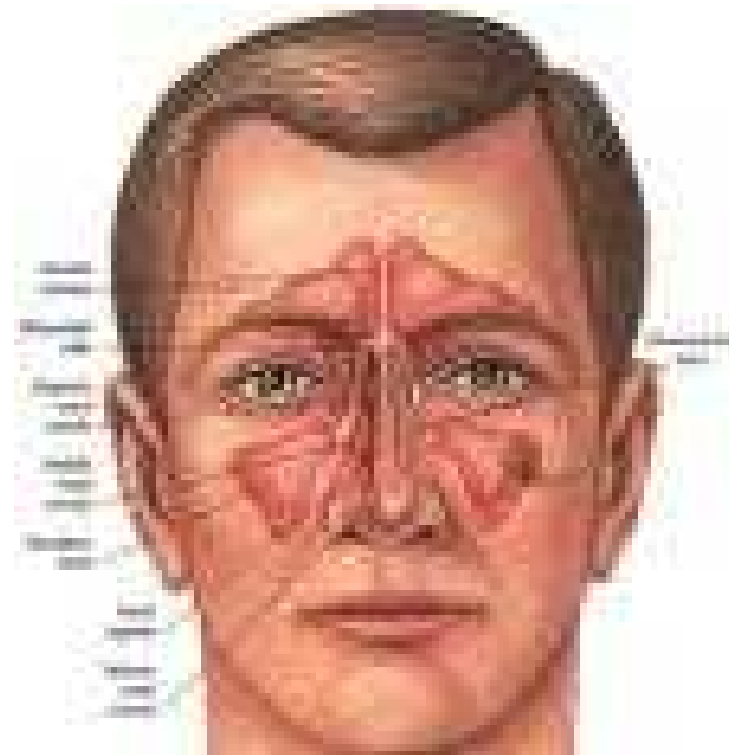
# Nose & Sinuses

- Equipment
- Nasal speculum and pen light

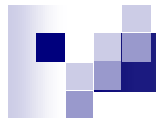


# Nose & Sinuses

- Symmetry
- Patency
- Flaring
- Discharge
- Tenderness
- Masses







# . Nose

## ■ 1. Inspect

- a. Symmetry and contour
- b. Deformity, swelling, discoloration
- c. Flaring of nares
- d. Direct inspection with nasal speculum and penlight

## ■ 2. Palpate

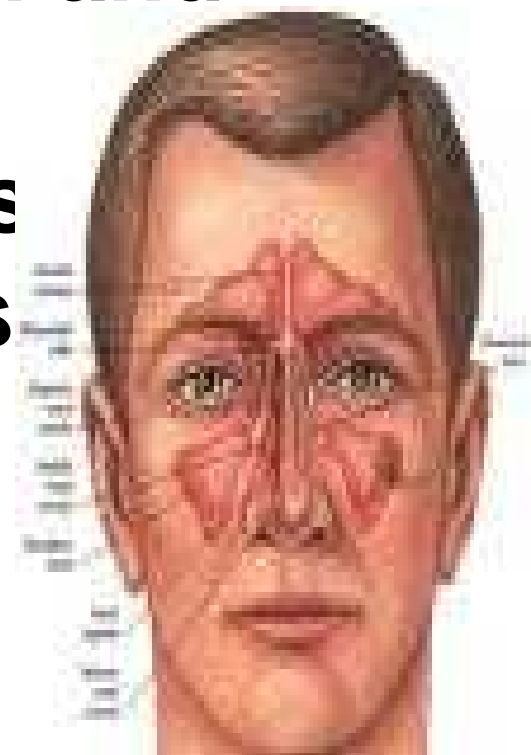
- a. Tenderness b. Nasal patency





# Sinuses

- **1. Inspect frontal and maxillary sinuses for inflammation and edema**
- 2. Palpate for tenderness**
- 3. Percuss for tenderness**
- **Test olfactory nerve**





# Mouth & Oropharynx

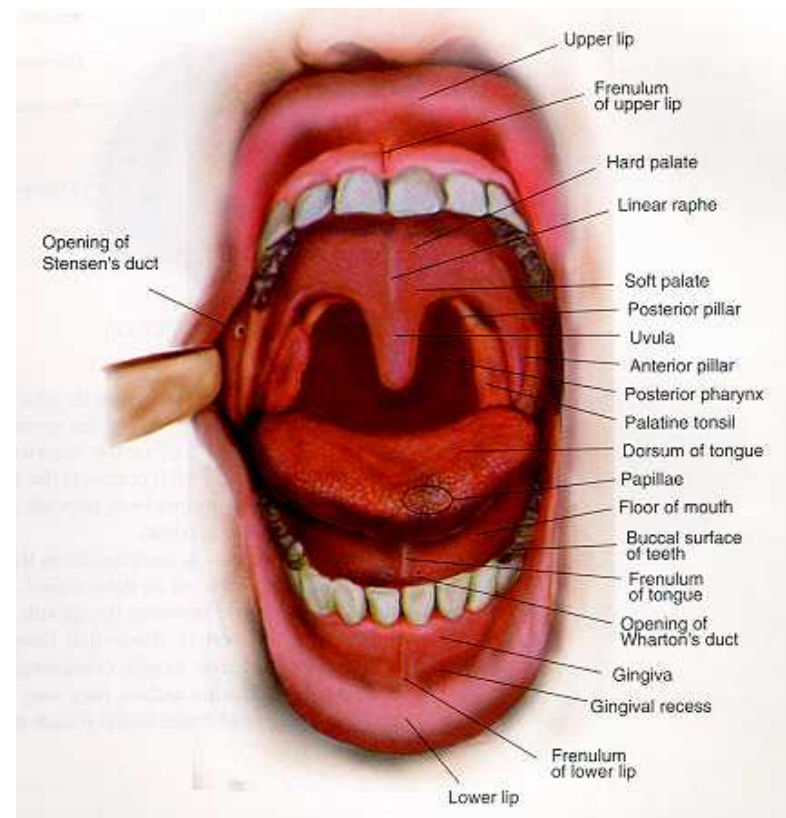
- Equipment
- Gloves
- Gause
- Tongue depressor
- Penlight

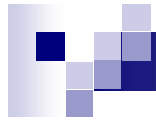


# Mouth & Oropharynx

## ■ Inspect:

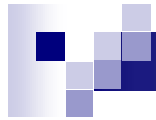
- Symmetry
- Color
- Hydration
- Lesions
- Caries





# Mouth and Oropharynx

- **1. Inspect**
- a. Unusual breath odors
- b. Oral mucosa
- c. Gingival surfaces
- d. Condition of teeth
- e. Tongue
- - pink, rough, midline depression
- - Hypoglossal nerve function (CN 12)
- - Examine underside
- - Lingual frenulum
- f. Hard and soft pallets
- g. Tonsils



## 2. Palpate

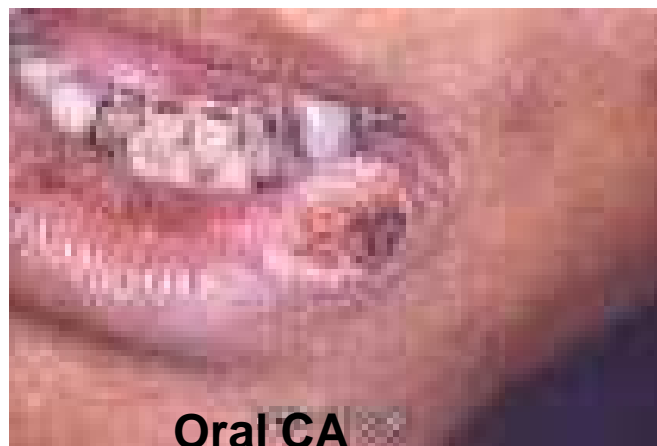
- a. Palpate upper and lower lips and tongue to evaluate muscle tone and surface structure
- 3. Examine oropharynx with tongue depressor and penlight (glossopharyngeal vagus nerves)



**Stomatitis**



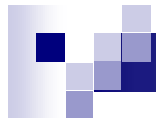
**Herpes simplex 1**



**Oral CA**



**Gingivitis**



# Neck

## ■ Inspect

- Thyroid gland for enlargement
- Any visible lymph nodes and masses



**Goiter**



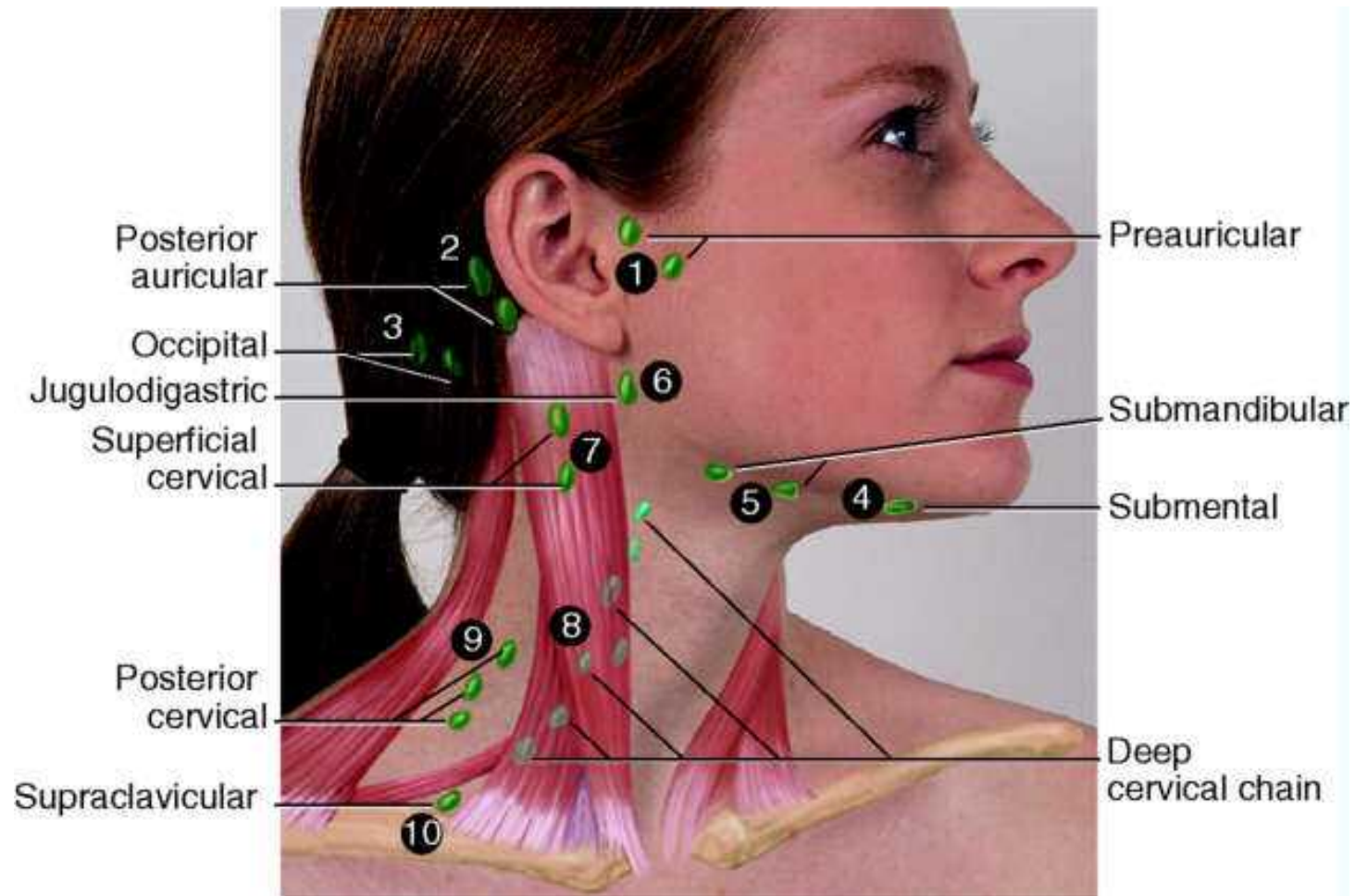


# 1. Inspect

- a. **Symmetry**
- b. **Masses**
- c. **Scars**
- d. **Ability to swallow (larynx, trachea, and thyroid will all rise)**
  
- **2. Lymph Nodes**
  
- a. **Inspect and palpate, noting size, shape, delimitation, mobility, consistency, and tenderness**
  
- **3. Trachea- inspect and palpate**
- **4. Thyroid gland- inspect, palpate, and auscultate**
- **5. Carotid arteries- inspect, palpate, and auscultate**
- **6. Jugular venous distention**
  
- **Palpate the neck to detect areas of tenderness, deformity, or masses**



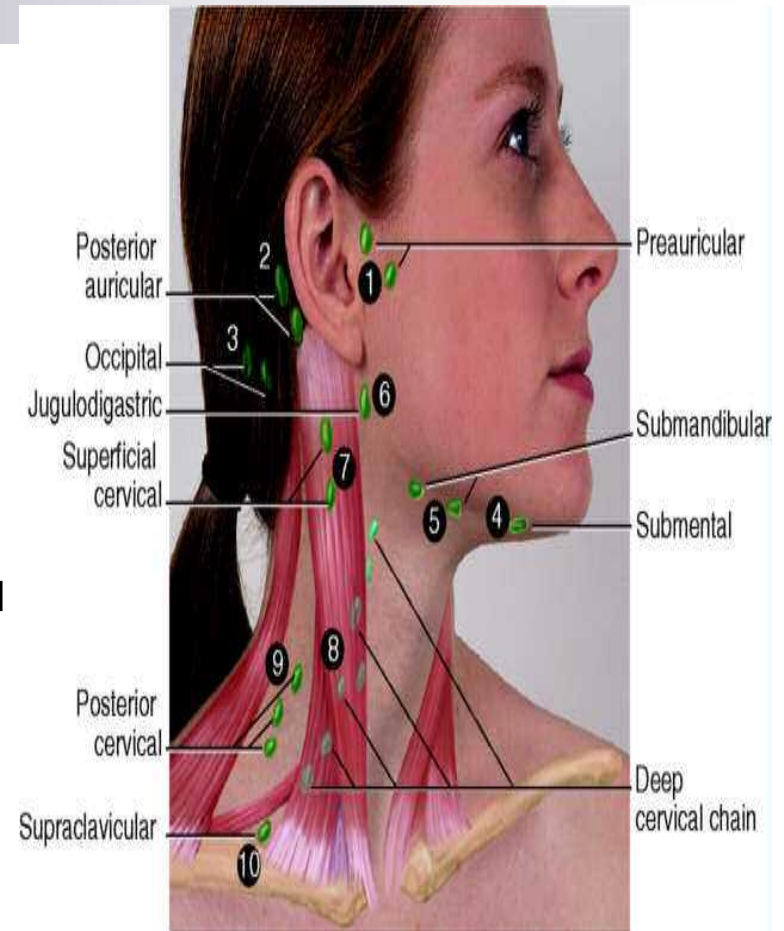
# Location of Lymph Nodes

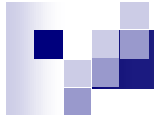


# Lymph Nodes

- **Systematically palpate with the pads of your index and middle fingers for the various lymph node groups.**

- Preauricular - In front of the ear**
- Postauricular - Behind the ear**
- Occipital - At the base of the skull**
- Tonsillar - At the angle of the jaw**
- Submandibular - Under the jaw on the side**
- Submental - Under the jaw in the midline**
- Superficial (Anterior) Cervical - Over and in front of the sternomastoid muscle**
- Supraclavicular - In the angle of the sternomastoid and the clavicle**





- **Thyroid Gland**

- Inspect the neck looking for the thyroid gland. Note whether it is visible and symmetrical. A visibly enlarged thyroid gland is called a **goiter**.
- Move to a position behind the patient.
- Identify the **cricoid cartilage** with the fingers of both hands.
- Move downward two or three tracheal rings while palpating for the isthmus.
- Move laterally from the midline while palpating for the lobes of the thyroid.
- Note the size, symmetry, and position of the lobes, as well as the presence of any nodules. The normal gland is often not palpable.



Thank you