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.
parietal
frontal
sph.
temporal
occipital
zygomatic
maxilla
mandible
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 flaky
  - 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

Internal hordeolum
Ectropion

conjunctivitis
Eyes vision assessment

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

tympanic membrane

external auditory meatus
temporal bone

auditory or eustachian tube
tympanic cavity (middle ear)

handle of malleus
cone of light
tympanic membrane
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 autoscore 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

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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