Assessment of Head, Neck, Nose, Mouth, & Pharynx

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Learning Objectives
- Identify the structures and functions of Head, Neck, Nose, Mouth, & Pharynx
- Discuss how the nurse focus and prioritize subjective/objective data collection
- Identify normal and abnormal findings
- Identify teaching opportunities for health promotion and risk reduction r/t Head, Neck, Nose, Mouth, & Pharynx
- Demonstrate application of the knowledge: Think like Nurse & Act like Nurse: Pulling it ALL together: Reflection and critical thinking

Structure and Function

Head
- Cranial bones
- Sutures
- Facial bones
- Facial muscles
- Salivary glands
- Cervical vertebra
- Vertebra prominens: C7

Subjective Data—Head

- Headache (HA)
- Injury
- Dizziness/Syncope
- Neck Pain
- Limited ROM
- Lumps or Swelling
- Hx. Head or Neck Surgery

Objective Data—Head

- Examination of the Head
- Cranium (Skull): Inspect and palpate
- Temporal area: Inspect & palpate
- Face: Inspect and palpate, note symmetry, test cranial nerves (CN) V and VII
- Inspect the nose and test for CN I

Objective Data—Physical Exam

Head—Inspect and palpate the skull
- Size and shape: normocephalic round and symmetric
- Temporal area: smooth movement with no limitation or tenderness

Head—Inspect the face
- Facial structures: symmetric, no tics in the facial muscles
**Structure and Function**

Neck
- Neck muscles
- Anterior and posterior triangles
- Thyroid gland

**Objective Data—Physical Exam** (cont.)

Neck—Inspect and palpate
- Symmetry
- Range of motion
- Lymph nodes

**Subjective Data—Neck**

- History of problems
- Neck pain
- Lumps
- Swelling
- Surgery

**Objective Data—Neck**

- Inspect—symmetry, midline, erect
- Palpate—carotid pulse
- Note enlargement of lymph nodes
- Test for ROM, naturally decreases with age.
- Auscultate carotid arteries.
Subjective Data- Trachea

- History trachea problems?
- Tracheotomy
- Tracheostomy

Objective Data- Trachea

- Palpate trachea for:
  - Deviations
  - Tenderness
  - Masses
  - Masses push trachea away from affected area, whereas atelectasis causes pull toward affected area.

Subjective Data- Thyroid

- History thyroid problems
- Thyroid levels
- Thyroid medication

Objective Data- Thyroid

- Inspect: note deviations or bulges
  - As person extends neck slightly and swallows water, note upward, symmetrical movement of trachea and other cartilage

Palpating Thyroid

- Ask person to tilt head slightly to side and palpate lobes.

- Use fingers on opposite side to displace gland in lateral direction, ask person to swallow: isthmus rises

Palpating Thyroid

- Posterior approach
  - Rest thumbs on back of person’s neck, place fingers on cricoid cartilage. Displace gland & palpate isthmus as person swallows, thyroid rises
Palpating Thyroid

- **Anterior** approach
- Rest fingers around sternomastoid muscle place thumbs on side of trachea. Displace gland & palpate isthmus as person swallows, thyroid rises

Thyroid

- Normal thyroid documented as:
  - Thyroid palpated as symmetric, without enlargement. Texture consistent, with no masses, nodules or tenderness.

Sample Charting

- **Subjective**
  Denies any unusually frequent or severe headache, no history of head injury, dizziness, or syncope, no neck pain, limitation of motion, limitation of motion, lumps, or swelling.

Sample Charting

- **Objective**
  - **Head**: Normocephalic, no lesions, no tenderness.
  - **Face**: Symmetric, no weakness or drooping, no involuntary movements.
  - **Neck**: Supple with full ROM, no pain, Symmetric, no lymphadenopathy or masses, Trachea midline, thyroid not palpable. No bruits.
Structure and Function (cont.)

Paranasal sinuses
- Frontal
- Maxillary
- Ethmoid
- Sphenoid

Subjective Data - Nose
- Discharge
- Frequent upper respiratory infections
- Sinus pain
- Trauma
- Epistaxis
- Allergies
- Sense of smell

Objective Data - Nose
- Inspect external nose: symmetry, deformity, lesions
- Palpate sinuses, note tenderness
- Test patency of each nostril
- Inspect using nasal speculum:
  - Color and integrity of nasal mucosa
  - Septum - note any deviation, perforation, bleeding
  - Turbinates - Note color, exudate, swelling

Objective Data—Physical Exam (cont.)
- Inspect
- Nasal cavity
  - Holding the otoscope
  - Nasal septum
  - Turbinates
Objective Data—Physical Exam (cont.)

Sinus Areas—Palpate
- Frontal and maxillary sinuses
- Transillumination

Structure and Function (cont.)

Mouth
- Hard and soft palates
- Uvula
- Tongue

Structure and Function (cont.)

Salivary glands
- Parotid
- Submandibular
- Sublingual
- Teeth

Subjective Data- Oral cavity
- Sores/lesions
- Sore throat
- Bleeding gums
- Toothache
- Dysphagia
- Altered taste
- Tobacco
- Self-care behaviors
Objective Data- Oral Cavity Exam

- Wharton’s Duct: opening of submandibular glands
- Stensen’s Duct: opening of parotid salivary glands
- Warn client and elicit gag by touching posterior wall of pharynx with tongue blade (tests CN IX & X)

Objective Data- Oral Cavity Exam

- Inspect and palpate:
  - Client opens and closes jaw - feel TMJ
  - Note condition teeth, gums, mucosa
  - Parotid glands: swelling
  - Lips: (lumps, lesion, etc)
  - Open mouth, stick out tongue, move side to side (tests CN XII)
  - Say AH …soft palate rises midline (tests CN X)

Objective Data- Oral Cavity Exam

- Inspect uvula, palate, tonsils
- Uvula looks like hanging pendant if split in two- bifid
- Palate: anterior hard palate, whitish while posterior soft palate pinkish
- Tonsils- graded by enlargement:
  - 1+ visible
  - 2+ near uvula
  - 3+ touching uvula
  - 4+ touching together

Geographic Tongue
Objective Data—Physical Exam (cont.)

Mouth—Inspect
• Lips
• Teeth and gums
• Tongue
• Buccal mucosa
• Palate and uvula

Objective Data- Oral Cavity Exam

• With tongue blade inspect cheeks and underside lips
• With gloves and gauze- pull tongue L and R

Pharyngitis

Severe Gum Disease and Tooth Decay

Herpes of Soft Palate
Large Cryptic Tonsils

Enlarge Tonsils

Drainage from Wharton’s Duct

Sample Charting

- **Subjective**
  - **Nose**: No history of discharge, sinus problems, obstruction, epistaxis, or allergy. Colds 1-2/yr, mild. Fractured nose during high school sports, treated by MD.
  - **Mouth and throat**: No pain, lesions, bleeding gums, toothache, dysphasia, or hoarseness. Occasional sore throat with colds. Tonsillectomy, age 8. Smokes cigarettes 1 ppd x 9 years. Alcohol-socially, about 2 x/month. Visits dentists annually, dental hygienist 2 x/year, flosses daily. No dental appliance.

Sample Charting

- **Objective**
  - **Nose**: Symmetric, no deformity or skin lesions. Nares patent. Mucosa pink, no discharge, lesions, or polyps, no septal deviation or perforation. Sinuses-no tenderness to palpation.
  - **Mouth**: Can clench teeth. Mucosa and gingiva pink, no masses or lesions, Teeth are all present, straight, and in good repair. Tongue smooth, pink, no lesions, protrudes in midline, no tremor
  - **Throat**: Mucosa pink, no lesions or exudate. Uvula rises in midline on phonation. Tonsils out. Gag reflex present.

Summary: Assessment of Head & Neck

- **Includes**:
  - Head
  - Nose
  - Oral cavity
  - Neck & lymph nodes
  - Trachea
  - Thyroid