OTOSCOPY GUIDELINE

PROCEDURAL

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Lead Author: (position/ role and name)	Lead Ear Care Specialist Nurse Lecturer Jodie Whitehead		

Co-Author(s): (position/ role and name if applicable	Ear Care Specialist Nurse Georgia Hitchens

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Name the documents here or record not applicable *(these are documents which are usually developed or reviewed/ amended at the same time – ie a family of documents)*	
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CONTENTS

1.0 INTRODUCTION/BACKGROUND

Otoscopy should be carried out prior to any ear care procedure. The practitioner should be able to identify the normal features of the tympanic membrane

2.0 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

The aim of this document is to provide clear guidance for health care workers trained in ear examination and Otoscopy. The purpose of Otoscopy is to identify any foreign bodies, abnormalities of the external auditory meatus and wax. On a clear external auditory meatus Otoscopy should allow the practitioner to clearly identify the tympanic membrane and its features.

Related Trust Documents

To consent to examination or treatment (trust policy available on HUB)
Heath records policy (trust policy available on HUB)
Standard infection prevention and control precautions (trust policy available on HUB)

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3.0 ABBREVIATIONS AND DEFINITIONS

Definitions

Otoscope – ear torch

Speculae – ends for otoscope

Abbreviations

EAM – External Auditory Meatus

TM – Tympanic membrane Areas of tympanic membrane - light reflex, handle of malleus, pars flaccida, pars tensa and anterior recess

4.0 ROLES AND RESPONSIBILITIES

All staff involved in the aural care of patients must follow the guidance within this document or record any justifications for not doing so.

5.0 GUIDELINE DETAILS

PURPOSE

The purpose of Otoscopy is to identify any foreign bodies, abnormalities of the external auditory meatus and wax.

On a clear external auditory meatus Otoscopy should allow the practitioner to clearly identify the tympanic membrane and its features.

EQUIPMENT

Otoscope with a halogen bulb

Single use speculae

PROCEDURE

1. Before careful physical examination of the ear, listen to the patient, elicit symptoms and take a careful history. Explain each step of any procedure or examination and ensure that the patient understands and gives consent. Ensure that both you and the patient are seated comfortably, at the same level, and that privacy is maintained.

2. Examine the pinna, outer meatus and adjacent scalp. Check for previous Surgery incision scars, infection, discharge, swelling and signs of skin lesions or defects. Identify the largest suitable speculum that will fit comfortably into the ear and place it on the otoscope.

3. Palpate the tragus in order to identify if the patient has any pain. Proceed with caution.

4. Gently pull the pinna upwards and outwards to straighten the EAM (directly down and back in children). If there is localized infection or inflammation this procedure may be painful and examination may be difficult.

5. Hold the otoscope like a pen and rest the small digit on the patient's cheek as a trigger for any unexpected head movement. Do not move the patient's head when the otoscope is in the ear. Use the light to observe the direction of the EAM and the tympanic membrane. There is improved visualisation of the tympanic membrane by using the left hand for the left ear and the right hand for the right ear but clinical judgement must be used to assess your own ability. Insert the speculum gently into the meatus to pass through the hairs at the entrance to the canal.

6. Looking through the otoscope, check the EAM and tympanic membrane. Adjust your head and the otoscope to view all of the tympanic membrane. The ear cannot be judged to be normal until all the areas of the tympanic

membrane are viewed: the light reflex, handle of malleus, pars flaccida, pars tensa and anterior recess. If the ability to view all of the tympanic membrane is hampered by the presence of wax, then wax removal may have to be carried out.

7. If the patient has had canal wall mastoid surgery, methodically inspect all parts of the cavity, tympanic membrane, or remaining tympanic membrane, by adjusting your head and the otoscope. The mastoid cavity cannot be judged to be completely free of ear disease until the entire cavity and tympanic membrane, or remaining tympanic membrane, has been seen.

8. The normal appearance of the membrane or mastoid cavity varies and can only be learned by practice. Practice will lead to recognition of abnormalities.

9. Carefully check the condition of the skin in the EAM as you withdraw the otoscope. If there is doubt about the patient's hearing, an audiological assessment should be made.

10. Document what was seen in both ears, the procedure carried out, the condition of the tympanic membrane and EAM and treatment given. Findings should be documented, with nurses following the NMC guidelines on record keeping and accountability. If any abnormality is found a referral should be made to the ENT Outpatient Department following local policy.

11. Please note if an infection is seen, the speculum should be discarded and the otoscope cleaned with an antibacterial wipe prior to looking in the patients other ear. This will avoid cross contamination.

RISK FACTORS

- Cross infection if the speculum is not changed after examination of an infected ear
- Pain
- Trauma
- Patient cough

6.0 EDUCATION AND TRAINING

There is no set specific training required in order to perform otoscopy, however it is recommended practitioner follow the guidance within this document and seek some supervised practice by another professional who is competent in otoscopy. The normal appearance of the membrane or mastoid cavity varies and can only be learned by practice. Practice will lead to recognition of abnormalities

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance with this procedural guideline will be monitored by undertaking yearly per led clinical supervision.