

Otorhinolaryngology

Standard Operating Procedures
For Assistant Medical Officer in Otorhinolaryngology

Otorhinolaryngology Otorhinolaryngology

Ministry Of Health, Malaysia



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For Assistant Medical Officer in Otorhinolaryngology

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FOREWORD

Standard Operating Procedures for Assistant Medical Officer (Medical Assistant) in the Medical Care Programme serves as a guide to meet the standards of care and professionalism set out by the Ministry of Health of Malaysia (MOH). It also serves to enhance public awareness of standards expected from Assistant Medical Officer (Medical Assistant) who provide specialized care for patients. Public

awareness of standards expected from Assistant Medical Officer (Medical Assistant) will hopefully encourage greater compliance amongst Assistant Medical Officer (Medical Assistant) themselves to these guidelines. It is in their best interest to adhere, at all times, to the Standard Operating Procedures laid in this book.

Of late, Assistant Medical Officer (Medical Assistant) have seen many positive changes initiated by the Medical Development and Practise Divisions of MOH. The MOH recognizes the valuable contributions by Assistant Medical Officer (Medical Assistant) and have created several senior posts of Assistant Medical Officer (Medical Assistant) to enhance and improve the clinical supervision and management of patients. The Ministry of Health has always stressed on the importance of effective supervision of their peers by senior Assistant Medical Officer (Medical Assistant) under the guidance of Medical Officer. The preparation of the Standard Operating Procedures and other guidelines are aimed at providing useful information for quality patient care and I hope these guidelines will be used as reference material for Assistant Medical Officer (Medical Assistant) throughout the country in the execution of their duties and efforts to provide quality health care to the community.

I am confident the Standard Operating Procedures will be well accepted. We will of course ensure that updates with new topics, activities and procedures will be introduced in future editions.

May I congratulate the Medical Programme of MOH, all senior consultants and the Medical Assistants Technical Committee for their tireless efforts and commitment to publish the Standard Operating Procedures. We would also like to record our thanks to all doctors and Assistant Medical Officer (Medical Assistant) involved in the successful preparation of this first edition of the Standard Operating Procedures. I am always impressed with efforts to strive for excellence in service delivery and such efforts by the Assistant Medical Officer (Medical Assistant) are most commendable indeed.

Ce --

Tan Sri Datuk Dr. Hj. Mohd. Ismail Merican Director General of Health Malaysia July 2007



FOREWORD

uccessive generations of Assistant Medical Officer (Medical Assistant) who have worked in the Ministry of Health have all practiced the long-held tradition of hands-on training to ensure that everyone can acquire the latest knowledge and skills. While formal training has always been encouraged this is not always possible for some for various reasons. To their credit this form of knowledge and

skill sharing has been done rather effectively. While practising the skill which they acquired through training never posed any problem, the lack of documents which specify standard methods of carrying various tasks has been a cause of anxiety and concern to many. Thus the arrival of this document on the standard operating procedures for Otorhinolaryngology into the scene now should alleviate the anxiety of many.

The importance and relevance of this SOP Standard Operating Procedures in Otorhinolaryngology, which is long overdue, can never be overstated. This SOP will ensure uniformity/standardization, correctness/accuracy, effectiveness as well consistency in performance. Not all tasks require SOP as they are carried out routinely. SOPs can be considered as mandatory for tasks which are complicated. Tasks and procedures associated with the four above mentioned disciplines are certainly complicated.

SOP can easily be "linked" to quality assurance. Compliance to SOP would certainly ensure quality care for the patient. This is important as our patients now are increasingly well informed of their rights and they expect nothing less than the quality of care that they perceive they deserve. This SOP will not only be useful to those who are already familiar with the procedures but staff who are fairly new will find it very useful.

Writing this SOP, I am sure, has not been an easy task. It requires an certain depth of knowledge, team approach and the courage to decide on what should constitute standard methods. To the authors of this SOP we owe them deep gratitude for their effort, time and resilience. They must be congratulated for a job well done.

Thank you

Dato' Dr. Hjh. Noorimi binti Hj. Morad Deputy Director General of Health (Medical) Ministry of Health, Malaysia



MESSAGE

I Would like to extend my heartfelt congratulations and extend my utmost appreciation to the Assistant Medical Officer (Medical Assistant) Board and the working committee of Otorhinolaryngology Standard Operating Procedures for Medical Assistants.

Assistant Medical Officer (Medical Assistant) have always been required to improve, update and maintain working

skills and performance in their respective field. It also involves new and emerging technologies in Otorhinolaryngology services and surgical procedures.

There is an ever increasing complexity in Otorhinolaryngology Surgical procedures. I hope this Standard Operating Procedures for Assistant Medical Officer (Medical Assistant) in Otorhinolaryngology will be a valuable asset and act as a guide to new and trainee Assistant Medical Officer (Medical Assistant) to minimize errors and increase skill in practise.

This will be a catalyst to enhance our productivity to provide a quality service thus fulfilling our nation's Health vision. I would like to thank everyone who have shared their knowledge and experiances in compiling the Standard Operating Procedures for Assistant Medical Officer (Medical Assistant) in Otorhinolaryngology.

Sincerely

Abothe 3

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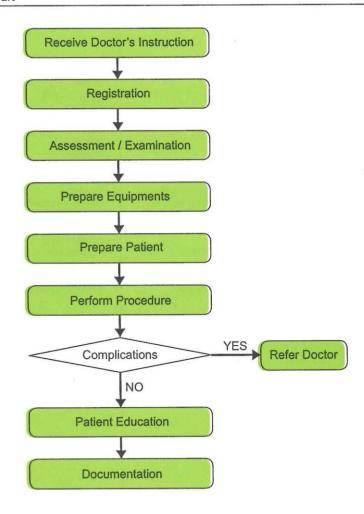
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1. Ear Syringing Procedure

1.1 Flow Chart



Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in procedure book.	Patient Particular Name Identity Card Number, Sex Register Number Race	Procedure of Registration Book
3. Assessment / Examination	Assess the patient's pinna and ear canal for redness, lesion, discharge and tenderness. Status of tympanic membrane.	Syringing contra indicated in perforated tympanic membrane & infected ear	Otoscope Aural speculum Head light.
4. Prepare Equipment	Check instruments. Adequate Otoscope (Brightness). Functioning well	Clean procedure.	Otoscope Aural Speculum. Head Light. Kidney Dish Plastic Apron Gauze Syringe 50 ml / Ear Syringe Set. Branulla size 18. At Body Temperature Saline 0.9%. Glove. Dressing Towel. Varies sizes of aural speculum (size 1-5)

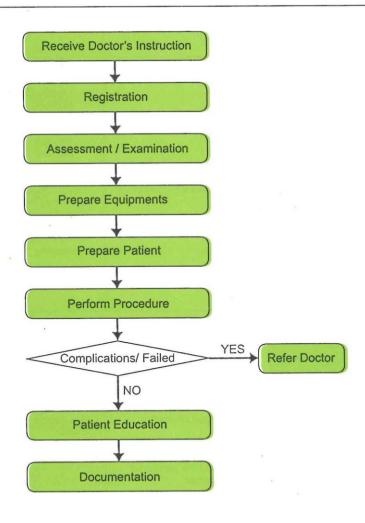
Activity	Work Process	Standard	Requirement
5. Prepare Patient	Check correct patient. Explain about the Ear Syringing procedure to patient / relative and make sure they fully understand it. Put patient on sitting / supine position	Call patient by name	 Patient examination chair. Examination Couch.
6. Perform Procedure	 Hand washing. Put on disposable gloves. Clean the patient's outer ear and ear canal if necessary. Place dressing towel over the shoulder. Ask the patient to turn his / her head so that the ear to be irrigated is facing downwards. Place the Kidney Dish below the patient's ear . The patient may assist by holding the Kidney Dish in position. Straighten ear canal by gently pulling the pinna; - Upwards and Backwards. Downwards and Backwards . Insert the tip of syringe into the meatus, and as you push the plunger, direct the flow of solution toward the top of the canal. 	Adult Children.	

Activity	Work Process	Standard	Requirement
	Dry off the patient's outer ear after syringing. Re-examine the patient's ear after syringing Any complication e.g pain. vertigo fail/ unsuccesfull	Refer to Doctor.	
	Clean the instrument.	Soak in appropriate disinfectant solution.	
7. Patient's Education	Care of the ear.	Personal Hygiene.	
	Any complication e.g pain. discharge.	Come to Otorhinolaryngology clinic.	
8.Documentation	Document the procedure and the findings.	Entries to be legible, signed and dated.	Procedure book / Patient notes Otorhinolaryngo logy file / out patient card (Perubatan 96 Pin. 1/78). Patient Medical Record

FOR MEDICAL ASSISTANTS IN OTORHINOLARYNGOLOGY

Removal of Ear way 2.

2.1 Flow Chart



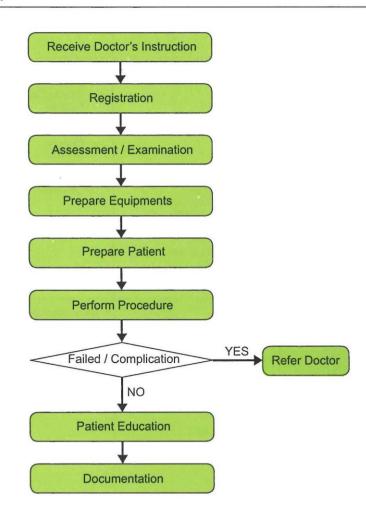
Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand the instruction given by the Doctor.	Written instruction.	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number, Age Sex Register Number Race	Procedure's Registration Book
3. Assessment / Examination	Assess patient's external ear for :- wax. inflammation and discharge pain. Stenosis	Use microscope to assess the patient ear canal and the integrity of the tympanic membrane	Otoscope Head Light Aural Speculum Microscope (if available)
4. Prepare Equipment	Check the instrument Functioning well Brightness	Clean procedure	Micro Cup Forceps Suction Machine Suction tube Zoellner's Sucker Crocodile Forceps Jobson Horne Probe Right Angle Hook Kidney Dish Gallipots Gauze. Gloves. Clinical waste container Wax softener (olive oil, sodium bicarbonate etc)
5. Prepare Patient	 Check correct Patient :- Explain procedure to patient / relative , make sure they understand the procedure and cooperate 	Call patient by name.	

Activity	Work Process	Standard	Requirement
	Place patient on sitting / supine position.		Patient's examination chair. Examination couch.
6. Perform Procedure	 Hand washing Put on gloves Use clinical waste container to discard soiled dressing. Use Microscope to visualize the patient's ear canal. Straighten ear canal by gently pulling the pinna:- 	Universal Precaution. mask, glove etc.	
	- upwards and downwards.	Adult.	
	 downwards and backwards. 	Children.	
9	 Insert the appropriate size ear speculum into the ear canal. If the patient is uncooperative: Wrap the child with blanket and hold the child in lying position. 	• Size 1 – 5.	
	If Failed	Refer to Doctor	
	Use wax softener if the wax is hard	Wax softener	Sodium Bicarbonate ear drop 5 % . Olive Oil.
	Use appropriate instruments to remove the wax: Suction. Forceps.		Cerumol
	Check for any trauma or any abnormality: Perforation of Tympanic Membrane. Inflammation. If the wax cannot be removed.	Refer to Doctor	

Activity	Work Process	Standard	Requirement
	Clean the instruments	Soak in appropriate disinfectant solution.	
7. Patient's Education	Care of the ear Personal hygiene If any complication; e.g. – pain . discharge. Follow up in clinic if necessary.	Don't use cotton bud to clean the ear. Come to Otorhinolaringology clinic.	Appointment card (Perub. 91
8. Documentation	Document the procedure. Findings.	Entries to be legible signed and dated.	Procedure book / patient notes. Otorhinolaryngology file/ appointment patient card (Perub. 96 Pind. 1/787). Patient medical record.

3. Removal of Foreign Body Ear

3.1 Flow Chart



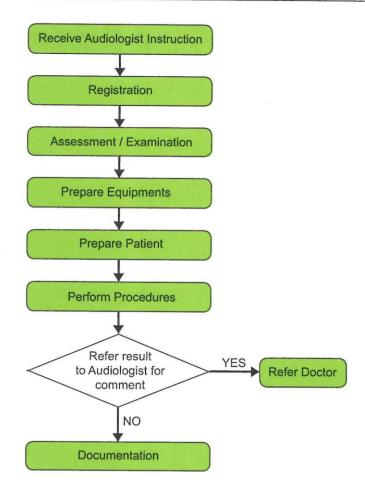
Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number Age Sex Register Number Race	Procedure's Registration Book
3. Assessment / Examination	Identify problem; examine the ear to visualize identify the foreign body, e.g insect,	Microscope	Otoscope Aural Speculum
4. Prepare Equipment	Check the instrument; function well. brightness (Microscope or Head Lights) Appropriate instrument for appropriate foreign body	Clean procedure.	Microscope / Head Lights. Suction equipment and tubing. Zollner Sucker. Ear Speculum. Crocodile Forceps. Micro Cup Forceps Jobson Horne Probe. Right Angle Hook Kidney dish Gallipots. Olive Oil. Gauze Gloves Ear syringing equipments (refer SOP 1)

Activity	Work Process	Standard	Requirement
5. Prepare Patient	 Check correct Patient, Ask patient the correct ear. Explain procedure to patient or relative, make sure they are understand the procedure. Put patient on lying down or sitting position. 	Call patient by name.	Patient's examination Chair Examination couch
6. Perform Procedure	Instruct patient not to move during procedure. Examine the affected ear, visualize the foreign body under microscope, insects. cotton bud. nuts. others. Straighten ear canal by gently pulling the pinna; Upwards and backwards. Downwards and backwards. Insert the appropriate size of ear speculum into the ear canal. Instill the olive oil in the external meatus if the foreign body is life insect (to kill the insect). Remove the foreign body using appropriate instruments	 All time to be courteous, kind and gentle. Adult. Children. Size 1 – 5. eg., suction or crocodile forceps for vegetative /organic foreign body Jobson Horne Probe or right angle hook for non 	

Activity	Work Process	Standard	Requirement
		Organic or rounded foreign body	
		Syringing for inorganic small Foreign Body (refer to SOP 1)	
	Make sure not to injure patient's Ear during the procedure.		
	Suck the remaining Olive Oil in External Auditory Canal and clean the ear if necessary.		
	Re-examine the ear		
	Uncooperative patient	Refer to Doctor	
	If the Procedure failed	Refer to Doctor if: foreign body not visualize. Near the Tympanic Membrane. failed to remove foreign body. Complication /trauma	
		Success or fail type of foreign body ear findings	
	Clean the instrument	soak in disinfectant solution.	
7. Patient Education	 Care of the Ear, Personal Hygiene Don't use cotton bud to clean the ear If any complication Ear discharge. Bleeding. Tenderness. 	Come to Otorhinolaryngology clinic .	

Activity	Work Process	Standard	Requirement
	Follow up in clinic if necessary.		Appoinment card (Perub. 91 (Pind. 7/75))
8. Documentation	 Document the procedure findings 	Entries to be legible , signed and dated.	Procedure book / patient notes.

- 4. Pure Tone Audiometry (PTA) Test
- 4.1 Flow Chart



Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand Doctor instruction	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in the Procedure Book.	 Patient Particular Name Identity Card Number Age Sex Register Number Race 	Registration Procedure Book.
3. Assessment / Examination	Identify the patient's hearing problem and the side of hearing impairment. chose suitable test according to patient age and condition		Otoscope
4. Prepare Equipment	Check and make sure the Audiometer is calibrated and functioning well	Audiometer must be calibrated every six months. Procedure must be performed in the sound proof cabin or room.	Audiometer. Sound proof cabin. Audiogram form. Pen (red/black).
5. Prepare Patient	Check correct Patient, Explain to the patient the procedure to be carried out; He/She will hear a series of tones. He/she has to respond by pressing and releasing immediately a button each time he /she hears the tone.	Call patient by name. The patient must understand the instruction and be cooperative.	

Activity	Work Process	Standard	Requirement
	 Instruct patient to respond even if the sound is very soft to him/her and tell the patient which ear you will test first. Patient should be positioned so that they are unable to see tester and also the control panel of audiometer during testing. 	Sitting position.	Patient examination chair.
6. Perform Procedure	 Remove glasses, bulky ear rings, headscarf and others that may cause discomfort or in adequate headphone or earphone placement. Clear any hair away from the ears. Place the red headphones on the right ear and blue headphone on the left ear. Extend the headphone to open it to the largest size. Stand in front of the patient and place the headphones over the ear so that they are centered exactly over the patient's ear. Then use both thumbs to gently lower the headband on the head. Procedure for obtaining "Air Conduction thresholds";- Present a 1000 Hz tone to the better ear at a level estimated or known to be above the patient's threshold. The initial presentation level should be 30 dB above the estimate hearing threshold. e.g. – if the patient is suspected to have normal hearing, present the initial tone at 30 or 40 dBHL. 		

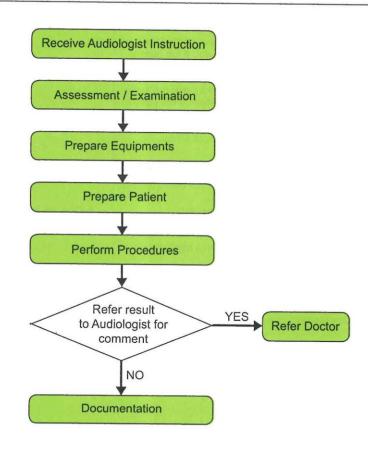
Activity	Work Process	Standard	Requirement
*	However care should be taken if patient is suspected to have severe to profound sensori neural hearing loss with recruitment. • If patient do not respond to	22	
	the first initial tone, increase the intensity in 10dB steps until the patient respond.		
	When the patient gives response to the first initial tone, reduce the sound intensity in 10dB steps until patient fails to respond.		
	Increase the sound intensity again but this time in 5dB steps until the patient responds again.		
	Reduce the intensity again in 10dB steps until the patient fails to respond.	5	
	Repeat the above steps until the threshold is obtained. The threshold is defined as the lowest level at which two responses are obtained out of three presentation as one increases the intensity level.		
	Once the threshold has been established at 1000 Hz, proceed to test 2000, 4000, 8000,500, 250Hz. Recheck the threshold at 1000 Hz, if the patient is tested for the first time. This needs to be carried out for one ear only (the first ear to be tested). The second threshold should be within 5dB of the first one. If not within 5dB, proceed to retest 2000 Hz.	• Tone 250Hz - 8000 Hz. • Intensity 10dB 120dB	

Activity	Work Process	Standard	Requirement
	Test the other ear in the same manner.		
	"Bone Conduction Technique":- (1) Bone conduction testing is carried out if the air conduction thresholds are worst than 20dBHL.		
	The bone conductor is placed on the slightly concave surface of the mastoid bone., make sure it does not touch the pinna.		
	The test procedure is the same as the air conduction test but for bone conduction only test up to 4000 Hz.		
	When testing the bone conduction thresholds at 3 kHz and 4kHz, plug the ear nearest to where the bone conduction is placed.		,
	"Masking Procedure"; For air conduction testing, masking should be applied whenever the air conduction response in the test ear exceeds the air conduction of the non-test ear by 40 dB or more and the bone conduction threshold in the non test ear by 40dB or more for headphone. For bone conduction testing, masking should be applied whenever the test ear exhibits an air- bone gap 15dB or more.		
	If masking required, introduce narrow band noise to the non test ear and seek for the masking noise		

Activity	Work Process	Standard	Requirement
	threshold. The initial masking noise should be 20dB above the air conduction threshold of the non test ear in each frequency tested.		
	Present tone at the threshold of the test ear. If the patient responds, increase the masking noise by 10dB and present the tone at the same level as before, If the patient do not respond, increase the tone in 5dB steps until a response is obtained.	ar.	
	Continue according to whether a response is obtained or not until it reaches the plateau. Plot PTA result Refer result to Audiologist for comment and confirmation.	Audiogram form	
e "	Any ear disorders.	Consult Doctor	
8. Documentation	Record in the procedure book	Entries to be legible , signed and dated.	Procedure book / Patient notes

5. Tympanometry test

5.1 Flow Chart

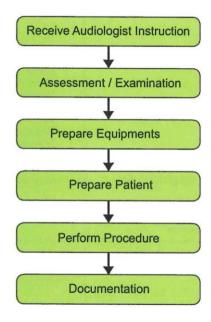


Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand instruction as given by Audiologist/ Doctor.	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 – Pin.1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number Age Sex Register Number Race	Procedure Registration Book
3. Assessment / Examination	Check ear canal and tympanic membrane condition	Do not perform any test if there is: discharge Perforation	Otoscope
4. Prepare Equipment	Check the Tympanometer well functioning and calibration.	Tympanometer must be calibrated every six months.	Tympanometer. Varies sizes of ear Tip. Printing paper for particular brand of Tympanometer.
5. Prepare Patient	Check correct Patient; call patient by name. Explain procedure to patient to keep still and avoid swallowing saliva during procedure. Ensure no ear discharge/no ear drum peforation Put patient in sitting/lying position.	The patient must understand the instruction and be cooperative.	Patient examination chair / couch.

Activity	Work Process	Standard	Requirement
6. Perform Procedure	Select appropriate size of ear tip and fix to the probe of the Tympanometer.		
	Fit the probe into the patient ear canal .		
	Do the test; avoid head movement. withhold procedure if patient uncooperative.		Procedure book / Patient notes
	Print and interpret the result.		
	All result with any abnormality detected.	Consult Audiologist / Doctor	
8.Documentation	Record in the procedure book	Entries to be legible , sign and dated.	

6. Ear Impression

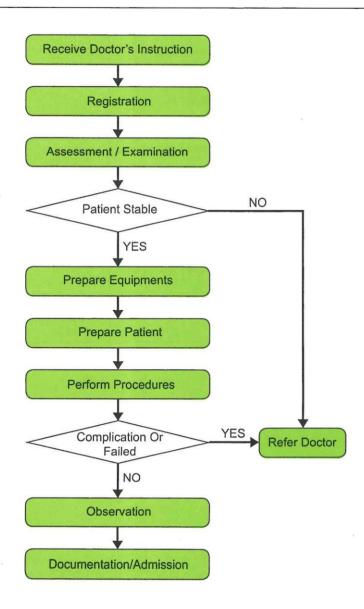
6.1. Flow Chart



Activity	Work Process	Standard	Requirement
1. Receive Instructions	Read and understand instruction as given by Audiologist/ Doctor	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number Age Sex Register Number Race	Procedure Registration Book
3. Assessment / Examination	Identify the problem ear. Examine of ear canal. Make sure no infection, discharge & impacted wax.	Clean procedure.	Otoscope. Ear speculum.
4. Prepare Equipment	Prepare all equipment and check the Instrument.	Well Function Brightness	Ear Lights. Silicone Impression Material. Hardener paste. Stopper plug / impression pad. Impression Syringe. Dosage spoon.
5. Prepare Patient	 Check Correct Patient Call patient by name. Explaining Procedure to Patient / Relative . Put patient in sitting up position. 		Patient Examination Chair.

Activity	Work Process	Standard	Requirement
6. Perform Procedure	Place patient in correct position .	7	
	Explain the patient not to move during procedure		
	Insert stopper plug up to second bend of ear canal.		
	Mixed Silicone Material and hardener paste.		
	Use Impression syringe to insert the mixer into ear canal. (consistency slight pressure).	Dosage: 170g Fricosil with 5 g m. hardener (Follow the manufacture guide)	
*	Removed after 2–5 minutes. (when the mould hardened).	• 2 – 5 minutes.	
	Advice patient for follow up in the Otorhinolaryngology clinic.	2 weeks - 1 month	Appoinment card (Perub. 91 (Pind. 7/75))
8.Documentation.	Record in the procedure book	Entries to be legible , sign and dated.	Procedure book / Patient's notes.

7. Anterior Nasal Packing

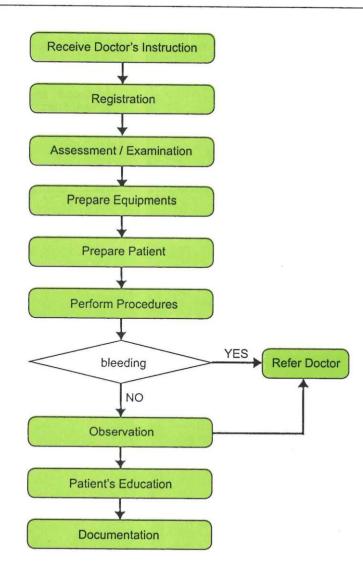


Activity	Work Process	Standard	Requirement
Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction.	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in the Procedure Book.	 Patient Particular Name Identity Card Number Age Sex Registration Number Race 	Procedure's Registration Book
3. Assessment / Examination	Brief history taking; Assess the severity of epistaxis. Active epistaxis which does not stop by pinching of nostrils and cold compress. Assess patient condition; bleeding condition. conscious. vital sign, pulse rate, blood pressure. Put patient on Intravenous line, take blood specimen Grouping and Cross matching	Check Blood Pressure, Pulse and look for pallor (anaemia) Inform doctor If vital sign not stable Tachycardia Pale Low Blood Pressure	Sphygmomanometer. Intravenous Fluid; Normal Saline 0.9%. Gellafundin. Specimen Container and request form
4. Prepare Equipment	Ensure all instruments are functioning well.	Clean procedure. Universal precaution apron, mask, goggle, glove etc.	Head Lights. Thudicum Nasal Speculum. Tilley's dressing forceps. Appropriate sucker Suction Machine and Suction Tube

Activity	Work Process	Standard	Requirement
			Nasal packs eg. Bismuth lodoform Paraffin Paste (BIPP and other appropriate nasal packs) Kidney Dish. Galipots. Dressing Scissor. Gauzes. Normal Saline 0.9% Sterile Surgical Gloves.
5. Prepare Patient	Explain procedure to patient/ relatives; Proper and clear explanation to gain patient cooperation. Put patient upright position with head support . Protect patient with cap	Sitting up or semi-recumbent 45 degree .	 Ear Nose Throat Examination chair.
6. Perform	machintosh. • Ensure the patient in correct		
Procedure	 Nasal suction at bleeding site; Identify bleeding site area if possible Proceed with packing layer by layer from down to up with Bismuth lodoform Paraffin Paste packing or approprite technique for other type of nasal packing. Apply appropriate nasal bolster Inform doctor after the procedure for further management. 		

Activity	Work Process	Standard	Requirement
7. Observation	Observe for any further bleeding from the nose and throat If there is any bleeding		
	Continue monitoring of Blood Pressure, vital signs.	Refer to doctor	
8. Documentation	Document the procedure/ findings. Initiate admission procedure	Entries to be Legible, signed and dated.	Patient note/ ORL file/ Out patient card, Patient medical record. Follow admission procedures.

8. Removal of Nasal Packing



Activity	Work Process	Standard	Requirement
Receive Instruction	Read and understand instruction given by Doctor.	Written instruction .	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number, Sex Register Number Race	Procedure's Registration Book .
3. Assessment / Examination	Ensure correct patient; Put the patient in the sitting position with head lean forward.	call patient by name.	Hospital bed with cardiac table Patient examination chair.
4. Prepare Equipment	Check the instruments functioning well brightness	Clean procedure. Universal precaution apron, mask, goggle, glove etc.	Head Lights. Nasal Thudicum Forceps. Tilley's Dressing Forceps. McGill suction tube/ tubing Suction machine suction tube & Sucker Appropriate nasal packs Kidney Dish Gallipots Dressing Scissor Gauze Normal saline 0.9% Surgical glove. Ice pack. Cardiac Table. Mackintosh.

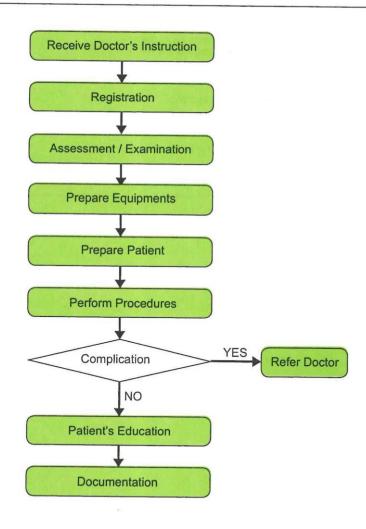
Activity	Work Process	Standard	Requirement
			Clinical Waste Container. Dressing set Ice water for gargle.
5. Prepare Patient	Explain procedure to patient / relatives; proper and clear explanation to gain patient cooperation.		
	Position patient according to the procedure; Sitting up position with head support and lean on cardiac table.	·	
6. Perform Procedure	Place the Kidney Dish below the nose.		
	Take off adhesive tape.		1
	Flush with Liquid paraffin / normal Saline 0.9% onto the nasal pack to soften the pack 15 minutes before the procedure (if packed more than 7 days/after nasal surgery)		
	 Remove out gently Nasal packs using Tilley's Forceps. 		
	 If bleeding occur pinch the nose and place / Ice Pack on forehead 5 – 10 minutes or longer until the bleeding stop. Ice water gargle if necessary 		
	Clean the nose with Normal saline 0.9%.		
7. Observation	Observe for any further bleeding		Sphygmomano- meter.
	If bleeding does not stop	Refer to doctor for further	

Activity	Work Process	Standard	Requirement
	If no bleedingCheck Blood Pressure.General condition.	management	¥
8. Patient Education	 Avoid blowing/picking his/her nose. Sneezing with open mouth. If there is any further bleeding seek immediate treatment. Follow up in clinic. 		Appointment card (Perub. 91 (Pind. 7/75).
9. Documentation	Document the procedure & finding. Record in the procedure book	Entries to be legible, signed and dated	Procedure book / Patient notes

IN OTORHINOLARYNGOLOGY

Nasal Douching 9.

Flow Chart 9.1.

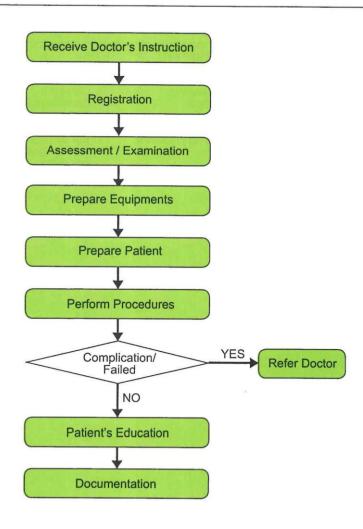


Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number, Sex Registration Number Race	Procedure's Registration Book
3. Assessment / Examination	Identify the correct nostril; assess the normal nostril first than the affected nostril.		
4. Prepare Equipment	Check instruments	Clean procedure Function well Brightness	 Head Lights. Kidney Dish. Syringe 20 ml. Branulla size 16G. Gauze Alkaline Nasal Douche Powder. Warm Normal Saline 0.9%. for dilution Glove. Plastic apron. Mackintosh. Dressing Towel. Dressing set
5. Prepare Patient	Check correct Patient; Check the correct nostril; the problem nostril.	Call patient by name.	

Activity	Work Process	Standard	Requirement
*	Explain procedure to patient / relative . make sure they understand the procedure and cooperate Put patient on sitting position facing the examiner.		Patient examination chair.
6. Perform Procedure	 Prepare nasal Douche solution; Place a dressing towel on upper body of the patient to protect his / her clothing. Hand washing and gloving. Instruct the patient the to bend his / her head slightly forward and to open his / her mouth and hold his / her breathe during procedure. Ask patient to hold the kidney dish below the chin. Syringe 20 ml alkaline nasal douche solution and flush the solution into the nostril Observe the return fluid from nasal cavity. Repeat procedure until the return fluid is clear. Wipe the nose gently after the procedure Clean the instrument 	Clean procedure add 1 teaspoon of alkaline nasal douche powder with 200ml of warm Normal saline in galipot. Universal precautions. apron, face mask, goggle, gloves etc. Send to CSSD	

Activity	Work Process	Standard	Requirement
	Observe for possible complications; Bleeding . Tenderness Swollen eyes etc.	Refer to Doctor.	
7. Patient Education	Personal hygiene; Care of the nose. Any Complication; Tenderness. Infection.	Come to Otorhinolaryngology clinic.	
8. Documentation	Document the procedure	Entries to be legible, signed and dated.	Patient notes/ Medical record.

10. Removal of Nasal Foreign Body

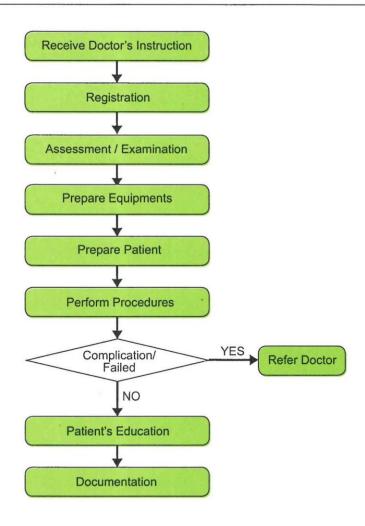


Activity	Work Process	Standard	Requirement
Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction	Otorhinolaringology File or out patient card (Perubatan 96 — Pin. 1/78) or Patient Medical Record Or procedure Slip.
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number, Sex Registration Number. Race	Procedure's Registration Book
3. Assessment / Examination	Identify affected Nostril; assess the unaffected nostril first than the affected one.		 Thudicum Nasal Speculum Head Light Suction Machine Appropriate Sucker
4. Prepare Equipment	Check the Instrument;	 Clean procedure Instrument well function brightness (Head Light). 	 Tilley's Forceps Kidney dish Gallipots Normal Saline 0.9% Gauze Gardner Brown Hook Luc Tongue Depressor. Glove. Foreign Body removal Forceps Appropriate nasal packs
5. Prepare Patient	- Check correct Patient; • Explain procedure to patient / parent / relative.	- call patient by name	

Activity	Work Process	Standard	Requirement
	In children; Instruct assistants (parent or medical staff) to hold the child in sitting position facing the examiner. Assistant's right hand holding the child's forehead, left hand holding upper limbs and child's lower limb hold tightly by assistant's leg.		Patient's examination chair.
	 In adult case; put patient in sitting position facing the examiner. 		
6. Perform Procedure	 Put on Head Lights and adjust appropriately . Insert Thudicum Nasal Speculum gently into nasal cavity , visualize and identify type and position of foreign 	All time to be courteous, kind and gentle.	¥
	 body Remove the foreign body by using the appropriate instruments 	Eg. Tilley's Forceps for thin FB eg. Paper/cotton,	*
		Jobson Horne Probe for rounded FB	
		Suction .	
	Observe for any complications such as bleeding Severe tenderness. Septal perforation Failed removal	Refer to Doctor.	,
7. Patient Education	Care of the Nose. Personal hygiene. Advice parent to observe their children not to put any object into their nostril.		

Activity	Work Process	Standard	Requirement
.25	Any complication Infection. Bleeding.	Come to Otorhinolaryngology clinic	Appointment card (Perubatan. 91 Pind 7/75)
8.Documentation	Document the procedure.	Entries to be legible, signed and dated.	Patient Medical Record

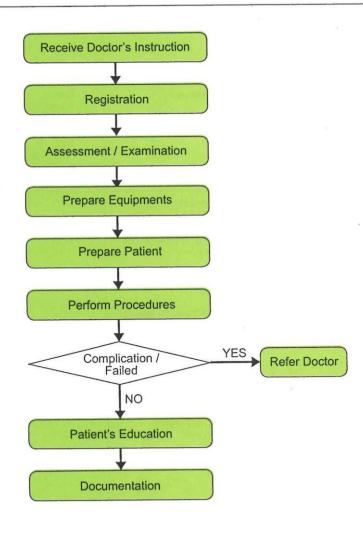
11. Removal of Foreign Body for Rethroat



Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction .	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number, Age Sex Registration Number Race	Procedure's Registration Book
3. Assessment / Examination	Identify and confirm site of suspected area assess thoroughly oral cavity and oropharynx look carefully at both tonsillar fossae for foreign body; eg. Fish bone.	Limited to Foreign Body in oral cavity and oropharynx	 Head light. Luc tongue depressor . Tilley's forceps. Crocodile forceps Gauze.
4. Prepare Equipment	Check the instrument	Clean procedure Well function Brightness (Head Lights)	Head light. Luc tongue depressor . Tilley's forceps. Gauze. Glove. Local Anaesthetic Spray eg. Xylocaine 10%.
5. Prepare Patient	Check correct Patient; Explain procedure to patient / relative. Instruct patient do not move during procedure. Put patient in sitting position facing the examiner	call patient by name.	Patient's Examination chair.

Activity	Work Process	Standard	Requirement
6. Perform Procedure	Instruct the patient to pin point the possible Foreign body site then open the mouth and breath through it	At all time to be courteous, kind and gentle.	
	Spray the xylocaine 10% into the mouth	Wait for 5 - 10 minutes.	
	Press the tongue and inspect the areas	4.	
	If the foreign body is visualized remove it with the appropriate forceps		
	If the foreign body can not be visualized / failed to remove or any complications: bleeding. pain	Refer to Doctor	
7. Patient Education	Care of the affected area; do not disturb the affected area. clean the mouth with gargle. Avoid hot food or drink until the Local Anaesthetic effect disappeared		Appropriate gargle.
÷	If any complication	Come to Otorhinolaryngology clinic.	
8. Documentation	Document the procedure anf findings.	Entries to be legible, signed and dated.	/ patient notes / out patient card (Perubatan 96 – Pin. 1/78), Patient Medical Record.

12. Care of Patient on Tracheostomy Tube



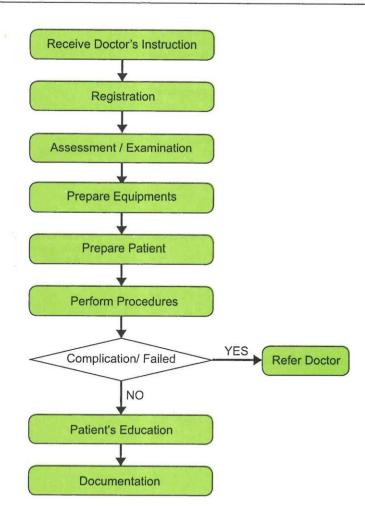
Activity	Work Process	Standard	Requirement
1. Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction .	Otorhinolaringology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record Or procedure Slip.
2. Registration	Register Patient in Procedure Book. If necessary.	Patient Particular Name Identity Card Number. Age Sex Registration Number. Race	Procedure Registration Book
3. Assessment / Examination	General assessment eg. Cyanosis, dyspnoea stridor etc. Examine the Tracheostomy area (neck); Dirty. Block. Infected. Identify the type and size of the Tracheotomy tube; cuff or non cuff tube single or double lumen fenestrated or non- fenestrated		
4. Prepare Equipment	Check the instrument functioning well well packing wrapper intact expiry date	Sterile Procedure	Dressing set & Dressing Scissor Syringe 10ml Gauze Sterile suction catheter, tube & machine Normal saline 0.9% Face Mask. Sterile surgical glove. Proper lighting

Activity	Work Process	Standard	Requirement
5. Prepare Patient	 Check correct Patient; Explain procedure to patient /relative. Put patient in supine position 	- call patient by name.	Examination Couch
6. Perform Procedure	Wear face mask, wash hand and put on sterile gloves Remove dirty dressing Ask patient to take a few deep breath before each suctioning. Insert the suction catheter through Tracheotomy tube. Apply suction pressure while withdrawing suction catheter in a circular motion.	Sterile Procedure. All the time to be courteous, kind and gentle. Diameter of suction catheter should not be more than half the diameter of tracheostomy tube. Suction pressure should not be more than 100mmHg (80 - 100mmHg)	
	 Don't insert the suction tube too deep. Repeat the suction until the tracheotomy tube is clear. If failed: Instill 3-4 drops of Normal saline 0.9% into the tracheostomy tube then repeat the suction procedure 	Shallow technique: distal eyelet (side hole) of suction catheter just exit the tip of tracheostomy tube. Use in minima secretion Deep technique: Insert suction catheter until resistance, withdraw it 2-3 cm and then apply the suction pressure use un cupions secretion. Duration of each suction should	Normal saline 0.9%.

Activity	Work Process	Standard	Requirement
		not be more than 10 second at one time	
	Allow patient to breath/ cough between each suction procedure. Repeat tracheal suctioning if necessary.		
	If failed, change the tracheostomy tube (refer SOP – change of tracheostomy tube)	Refer to doctor	
	Flush suction catheter with Normal Saline solution if the tubing is blocked.	Use appropriate dressing solution	
	Clean around the tracheostomy site.		
	Check air entry and observe for difficulty in breathing / cyanosis.	Using dorsal Part of your hand or piece of cotton wool.	
	Ensure the tracheostomy tube is well secured.	Key Hole dressing, and one finger	
	Apply dressing Check breathing pattern; observe difficulty in breathing or any changing color of patient.	spacing	
7. Patient Education	Care of the tracheotomy tube; Personal hygiene. Cover the tracheotomy tube in air pollution area.		
	Shower below the shoulder.		
	Proper tying of the ribbon; Dead knot cannot be too tight or too loose.	¥	
	Educate patient and relative/ care giver to do suction at home.		

Activity	Work Process	Standard	Requirement
	If possible ask patient to buy portable suction machine.	P = 400	
	- educate patient and relative/care giver to change the tracheostomy tube at home. Patient should be supplied with one or two sets of tracheostomy tube.	už	
	If any complications tube block. tenderness. infection.	Come to Otorhinolaryngology clinic or Emergency Department.	
8. Documentation	Follow up in clinic.		Appointment card (Perub. 91 (Pind. 7/75))
	Document the procedure	Entries to be legible, signed and dated.	Patient notes/ Patient Medical Records.

Change of Tracheostomy Tube 13.



Activity	Work Process	Standard	Requirement
Receive Instruction	Read and understand instruction as given by Doctor.	Written instruction	Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	Register Patient in Procedure Book.	Patient Particular Name Identity Card Number, Age Sex Registration Number Race	Procedure's Registration Book
3. Assessment / Examination	General assessment eg. Cyanosis, dyspnoea stridor etc. Examine the Tracheostomy area (neck); Dirty. Block. Infected. Identify the type and size of the Tracheotomy tube; cuff or non cuff tube single or double lumen fenestrated or non- fenestrated		Suction machine and suction tube. Dressing Scissor.
4. Prepare Equipment	Check the instrument;	Sterile Procedure. sterile well packing wrap not tear. expiry date.	Tracheal dilator Tracheotomy tube (2 different sizes of tubes which of a same size and one of a size smaller) Dressing set Proper adequate Lighting. Tracheal dilator

Activity	Work Process	Standard	Requirement
	4		Sterile Suction catheter, machine and tube. Dressing Scissor Lignocaine gel Syringe 10ml Normal saline 0.9% Sterile surgical glove. Ribbon Tape
5. Prepare Patient	Check correct Patient; Explain procedure to patient /relative. instruct patient to be cooperate Put patient on supine position with head extended by placing pillow under the	call patient by name.	Examination Couch
	Perform suctioning before taking out the tube for changing (refer SOP 12 Care of Patient on tracheostomy tube)		patient couch.
6. Perform Procedure	 wear face mask, Wash hand, and put on sterile gloves. Open sterile dressing set and prepare instrument and antiseptic solution. 	Universal Precautions. Sterile procedure	
	Choose the new appropriate tracheostomy tube; Check size. Type (cuff or non cuff).		
	 For cuffed tracheostomy tube check function of the cuff. Tie the ribbon tape to the tracheostomy flange. Apply Lignocaine Jelly to the new tracheostomy tube. 	1st tracheotomy insertion is to be done by Doctor, The 2nd exchange may be carried out by Assistant Medical Officer.	

Activity	Work Process	Standard	Requirement
Activity	Remove the dressing. Cut the tracheostomy tie then remove the tracheostomy tube and replace with the new tracheostomy tube. Left hand slowly and surely pull off old tracheotomy tube and right hand prepare to insert the new tracheotomy tube. Ensure the tracheostomy tube is in place. using dorsal Part of your hand or piece of cotton wool to confirm air entry. Carry out suction if any secretion. Clean and dress around the tracheostomy site. Secure the tracheostomy tube by tying dead knot at the site of the neck. Apply dressing.	Patient who are not on ventilator, the cuff tracheotomy tube is to be changed with non cuff tracheotomy tube after 4 to 5 days Use rerouting technique if necessary	

Activity	Work Process	Standard	Requirement
7. Patient Education	Care of the tracheostomy tube; Personal hygiene. No swimming. Cover the tracheostomy tube in air pollution area. Tie the ribbon; not too tight or too loose. If possible ask patient to buy portable suction machine. If any complication; block. dislodge.	Come to Otorhinolaryngology clinic or Emergency Department.	Appointments card (Perub. 91 (Pind. 7/75))
8. Documentation	Follow up in clinic. Document the procedure	Entries to be legible, signed and dated.	Medical Record



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