STANDARDIZED PROCEDURE
OTOMICROSCOPY (Adult, Peds)

I. Definition:

Otomicroscopy is routine examination of the external auditory canal (EAC) and tympanic membrane (TM) through use of a surgical microscope and, for purposes of this discussion, is a procedure performed in an awake patient. Otomicroscopy provides superior illumination and magnification as compared to nonmagnified otoscopy for diagnostic purposes and gives the clinician freedom of both hands to perform therapeutic intervention.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If a Pediatric procedure is being done, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision:
The necessity of the procedure will be determined by the AHP in verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. At that time, general or indirect supervision is acceptable.

Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the AHP.

The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications:
Otomicroscopy is indicated in any patient requiring visualization of the EAC, TM, or masses in these areas. Otomicroscopy may provide greater ease in cerumen disimpaction, tympanocentesis, foreign body removal, or in post-operative debridement.

D. Precautions:
Ambulatory otomicroscopy is a procedure performed in an awake patient that requires thorough knowledge of anatomy of the external and middle ear. Precautions should be taken to avoid canal abrasion. There are no contraindications to this procedure.

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III. Materials

1. Otologic microscope and specula
2. If procedure involves removing foreign bodies or cerumen, then the following may also be needed:
   a. Forceps
   b. Clamps
   c. Loops
   d. Hooks
   e. Microscopic scissors
   f. Frasier suction attachments

IV. Procedure

A. Pre-treatment evaluation:

Patient history is obtained and a preliminary external ear exam is performed. If desired, examination with a traditional otoscope may be performed prior to otomicroscopy for preliminary visualization of the canal and TM, though this step is usually foregone.

B. Set up:

Otomicroscopy is performed with the patient in either a seated or reclined position with head tilted away from the ear to be examined.

C. Patient preparation

1. Informed consent is not required
2. Antibiotics are not required

D. Perform the procedure

1. The patient is positioned in an exam chair with the desired level of recline. Head is tilted away from the examiner and the microscope is maneuvered into position for focus and visualization of the external auditory canal.
2. Appropriate sized reflective speculum is inserted into the ear canal. Diagnostic examination is performed.
3. Any therapeutic interventions are performed with appropriate instruments for removal of cerumen, foreign body, etc.

E. Post-procedure

No post-procedure monitoring is required

F. Follow-up treatment

No routine post-procedure diagnostic testing is required

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation
2. Record the time out, indications, procedure, EBL, the outcome, patient tolerance, medications given, and the plan in the note, as well as any self-care or discharge instructions.

B. All abnormal or unexpected findings are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of otomicroscopy.
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process (if applicable)
   e. Steps in performing the procedure
   f. Documentation of the procedure
   g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times, with special attention to the technique with orienting the scope. The AHP will perform the procedure **three** times under direct supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Written March 2008
Revised June 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed June 2012 by the Committee on Interdisciplinary Practice
Prior revision April 2008
Approved June 2012 by the Executive Medical Board and the Governance Advisory Council.