

Subspecialty Rotation: Otolaryngology

Faculty:

Evelyn Kluka, M.D.

GOAL: Hearing Loss. Understand the morbidity of hearing loss, intervention strategies, and the pediatrician's and other specialists' roles in prevention, recognition and management.

Understand the epidemiology and prevalence of conductive and sensorineural hearing loss in childhood and adolescence.

Recognize the broad impact of hearing impairment on child and family, including social, psychological, educational and financial consequences.

Screen for hearing loss, interpret results and counsel parents, including:

1. Family and patient health history
2. Age-appropriate physical exam
3. Developmental assessment (behavior, language, speech)
4. Screening audiology and tympanometry exam

Describe timing and strategies for newborn hearing screening, school and office hearing screening.

Recognize thresholds of hearing loss associated with communication difficulties in office, school and group settings.

Be familiar with common interventions for hearing-impaired children and the age at which each should be initiated (e.g., hearing aids, amplification devices, cochlear implants, speech training, sign language, lip reading, communication devices).

Refer and coordinate school, speech and psychological services for the hearing-impaired child as early as possible.

Describe the roles of audiologists and general pediatricians in the ongoing management of hearing-impaired children.

GOAL: Prevention and Counseling (Otolaryngology). Understand the pediatrician's role in preventing otolaryngologic disease and dysfunction through screening and counseling.

Screen children for hearing loss.

1. Universal newborn screening and follow-up
2. Routine hearing screening at health maintenance visits

Screen for speech and language delays and disorders.

Provide strategies for preventing foreign bodies in nose, airway and ear.

Encourage smoking cessation in parents in order to optimize a child's respiratory health.

Counsel teenagers about dangers of smoking and chewing tobacco.

Counsel families and adolescents about reducing noise-related hearing loss.

Normal vs. Abnormal (Otolaryngology). Differentiate normal otolaryngologic conditions from abnormal ones

Recognize normal development of the ear, sinuses, nose, pharynx, and of hearing, speech and language from birth to adolescence.

Determine whether a child's otolaryngological dysfunction (e.g., hoarse voice, nasal discharge) is a temporary state caused by a minor problem or represents a potentially serious pathological process.

Demonstrate ability to perform and/or interpret the following clinical studies or procedures:

1. Cerumen removal from ear canal
2. Simple foreign body removal from nose and ear
3. Pneumatic otoscopy
4. Suctioning of nares, oropharynx, tracheostomy
5. Tracheostomy tube replacement
6. Tracheal aspirates, including via tracheostomy (collection, culture, interpretation)
7. Head CT
8. Sinus, airway radiographs
9. Airway fluoroscopy
10. Tympanocentesis

GOAL: Undifferentiated Signs and Symptoms (Otolaryngology). Evaluate and appropriately treat or refer these presenting otolaryngological signs and symptoms.

Create a strategy to determine if the following presenting signs and symptoms are caused by an otolaryngologic condition, and then treat or refer appropriately:

1. Ear pain/drainage
2. Nasal discharge

3. Snoring
4. Sore throat
5. Stridor
6. Nasal polyps
7. Neck mass or anomaly
8. Hoarse voice
9. Nosebleed

GOAL: Common Conditions Not Referred (Otolaryngology). Diagnose and manage common otolaryngological conditions that generally do not require referral.

6.59.1 : Diagnose and manage these conditions:

1. Allergic rhinitis
2. Blunt nasal trauma
3. Cervical adenitis
4. Epistaxis
5. Otitis media and externa, uncomplicated
6. Parotitis (mild)
7. Pharyngitis (viral and streptococcal)
8. Routine care for the child with a tracheostomy
9. Simple nasal and ear canal foreign bodies
10. Sinusitis
11. Stridor, mild (croup, laryngomalacia)
12. Tonsillar hypertrophy without obstruction
13. Uvulitis

GOAL: Conditions Generally Referred (Otolaryngology). Recognize, provide initial management and refer appropriately conditions that usually require otolaryngologic referral.

Diagnose, provide initial management of, and refer appropriately conditions such as:

1. Abscess (retropharyngeal, peritonsillar)
2. Airway obstruction (acute, chronic, tonsillar, adenoidal, nasal, and lower airway)

3. Cholesteatoma
4. Congenital anomalies of the pinna, nose, lip, palate, jaw, neck
5. Complicated otitis media, sinusitis, epistaxis and parotitis
6. Epiglottitis
7. Facial nerve palsy
8. Foreign body of the aerodigestive tract
9. Head and neck masses
10. Nasal polyp
11. Significant hearing loss
12. Significant trauma to the middle or external ear, nose, lip, palate, pharynx
13. Sleep apnea
14. Tympanic membrane perforation (traumatic or persistent)

Identify the role and general scope of practice of the otolaryngologist; recognize situations where children benefit from the skills of pediatric specialists; and work effectively with these professionals in the care of children.

GOAL: Otitis Media. Diagnose and manage acute and chronic suppurative otitis media and otitis media with effusion.

Describe an optimal means of holding the child and the optimal equipment necessary for visualization of the TM in an infant, including type of speculum, light source, type of bulb, type of examination head, and use of the bulb to observe for TM mobility.

Demonstrate correct interpretation of the tympanogram for a child with: AOM, middle ear effusion, obstruction of the ear canal, ossicular disruption, and perforation of the TM.

Differentiate between complicated and uncomplicated AOM, mild and severe AOM, and the appropriate management of each variety.

Diagnose acute otitis media, using visual and pneumatic otoscopy, tympanometry, history, and signs and symptoms (e.g., fever, ear pain).

Diagnose and treat persistent otitis media, identifying treatment options, including indications for tympanocentesis.

Use antibiotic therapy judiciously to treat acute otitis media, taking into account the typical pathogens involved, and their antibiotic sensitivities and resistance patterns. Be prepared to explain to parents the need to limit antibiotic use in cases of mild illness.

Explain the role of antibiotic prophylaxis for recurrent acute otitis media.

Follow-up children with acute otitis media at appropriate intervals, monitoring for the development of chronic or recurrent acute otitis media or persistent otitis media with effusion.

Monitor infants and children with chronic middle ear effusion, recurrent acute otitis media or chronic otitis media for hearing loss and language delay; recognize indications for referral for formal audiologic and speech evaluation.

Describe the generally accepted criteria for insertion of pressure equalizing tubes (PET) in children, with specific reference to published guidelines.

Recognize clinical cases warranting referral to an otolaryngologist for evaluation of need for pressure equalizing tubes (PET) for middle ear ventilation. Refer appropriately, providing medical information about medical course under your care and special circumstances that may affect the decision.

Counsel families regarding the risks and benefits of pressure equalizing tubes (PET).

6Describe the means of preventing acute otitis media for which there is evidence in the literature.

GOAL: Sinusitis. Diagnose and manage patients with sinusitis, and refer when appropriate.

Diagnose acute sinusitis accurately, using information from the history and physical examination.

Explain the role of radiologic tests in diagnosing sinusitis, including cost factors and limitations of each study (radiographs and computed tomography).

Manage cases of sinusitis, judiciously using the appropriate antibiotics, with an awareness of sensitivity and resistance patterns of common bacterial pathogens.

Prescribe adjunctive pharmacotherapy for sinusitis as needed (e.g., nasal drops or sprays, antihistamines).

Explain to parents the pathophysiology, epidemiology and management of sinusitis, especially viral rhinosinusitis.

Monitor patients and recognize complications of sinusitis (e.g., Pott's puffy tumor, meningitis, chronic or recurrent sinusitis).

Refer sinusitis patients when appropriate (e.g., with chronic/recurrent disease), explaining rationale for referral and possible therapeutic interventions (e.g., endoscopic surgery).

Describe characteristics that help differentiate allergic, viral and bacterial sinusitis; as well as acute and chronic sinusitis.

Explain conditions that mimic sinusitis and how to sort through the differential diagnosis.

GOAL: Tonsillar and Adenoidal Hypertrophy. Screen, diagnose and manage patients with symptoms secondary to tonsillar and adenoidal hypertrophy, and refer when appropriate.

Screen for tonsillar and adenoidal hypertrophy at health maintenance visits, using information from the physical examination and history.

Counsel parents about the pathophysiology of conditions associated with tonsillar and adenoidal hypertrophy and the possibility of normal developmental regression in some cases.

Explain to parents the reasons for referral to otolaryngology and general issues related to surgical intervention.

Describe the use of diagnostic tests for assessing tonsils and adenoids (e.g., airway films, sleep studies).

Procedures

GOAL: Technical and therapeutic procedures. Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

Foreign body removal (simple): nose

Foreign body removal (simple): ear

Suctioning: tracheostomy

Tracheostomy tube: replacement

GOAL: Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

Audiometry evaluation: interpretation

Radiologic interpretation: CT of head

Radiologic interpretation: lateral neck X-ray

Radiologic interpretation: sinus films

Source

Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed

03/03/2005]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.