

Assistive technology Screen form: Ear health

1. Information about the person								
First name: P Family n				name: 🖍				
Age: 5-17 □ 18-39 □ 40-54 □ 55-64 □		Gender: Male □ Female □ Other □						
If child is under 5 years of age 👉 Refer to ear ar	fessional							
Address: Ø	elephone: 🛭	>						
2. Screening questions								
Ask	Yes	No						
Do you currently use a hearing assistive product that was provided through a hearing service?			If Yes → Continue ear health screen and Refer to existing service provider If No → Continue					
Do you have difficulty using speech to communicate?								
In the last 3 months have you had sudden changes in hearing?				Yes to any				
Does discharge (fluid) often come out of your ear/s?								
3. Ear health check								
Look closely at the outside of each ear								
Do both ears look healthy? (No signs of injury or infection, pinna and ear canal present)	Yes □ → Continue No □ 👉 Refer to ear and hearing professional and book repeat ear health check after treatment							
Look closely inside each ear with otoscope	Left	Right						
Ear discharge or any sign of infection (Blood, pus, fluid, redness, tenderness)			if person is If ear heal If ear not	Dry mop ear before otoscopy. Do not dry mop sexperiencing significant pain. Ithy after dry mop → Continue screen healthy after dry mop ☐ Refer to ear and ofessional and book repeat ear health check				
Ear blocked with ear wax			If any consider ear washout Before washout → Check if they have: ☐ Had recent ear surgery ☐ A known existing hole in their eardrum ☐ An ear infection ☐ Ear pain					
Foreign body in the ear				ove → Do not do an ear washout ove → Perform ear washout				
				hout successful → Continue screen hout not successful Refer to ear and ofessional				
Hole/s in eardrum			If any 🕼	Refer to ear and hearing professional				
Healthy/no ear problems			If both ear	rs are healthy → Plan a hearing test				

4. Other assistive products								
Do you have difficulty with:	Self		If any → Other assistive products and/or referral to other services may assist					
5. Plan								
Screen:	Vision □ Mobility □ Self care □ Communication □ Cognition (thinking/remembering) □							
Assess:	Hearing test □							
Dofor								
Refer:	Other: Ø							
Follow up:	Rep	eat ear health screen □						
How to perform an ear health check								
Step Action if ear problem				Action if no ear problem				
1. Check outside of the person's ear (front and back on each side) • If signs of: • Injury, infection or • Absence/very different shape of ear/ear canal ☐ Refer to an ear and hearing professional. • If person has injury or infection → Ask them to return for an ear health screen after they have received treatment. • If signs of ear discharge → Dry mop person's ear.				If outside of ear is healthy → Continue. Look inside person's ear.				
 If signs of infection Refer to an ear and hearing professional. Ask the person to return for an ear health screen after they have received treatment. If signs of hole in eardrum Refer to an ear and hearing professional. If signs of hole in eardrum Refer to an ear and hearing professional. If ear canal blocked with ear wax or foreign body is present Perform ear washout. Always check it is safe to continue 		If inside of ear is healthy → Plan a hearing test.						

• If ear washout **unsuccessful** (F) Refer to an ear and hearing professional and ask them to return for an ear health screen

3. If needed, perform

ear washout

before performing washout.

after they have received treatment.

If ear washout successful

and ear healthy → Plan a

hearing test.