



Otorhinolaryngology

Standard Operating Procedures
For Assistant Medical Officer in Otorhinolaryngology

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Ministry Of Health, Malaysia



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**Standard Operating Procedures
For Assistant Medical Officer in Otorhinolaryngology**

Ministry Of Health, Malaysia

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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.

A stylized handwritten signature in black ink, consisting of a large, flowing 'M' followed by a horizontal line and a small flourish.

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



FOREWORD

Successive 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

A handwritten signature in black ink, appearing to be 'N. Morad'.

Dato' Dr. Hj. 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 experiences in compiling the Standard Operating Procedures for Assistant Medical Officer (Medical Assistant) in Otorhinolaryngology.

Sincerely

**MR (DR) ABD MAJID BIN MD NASIR
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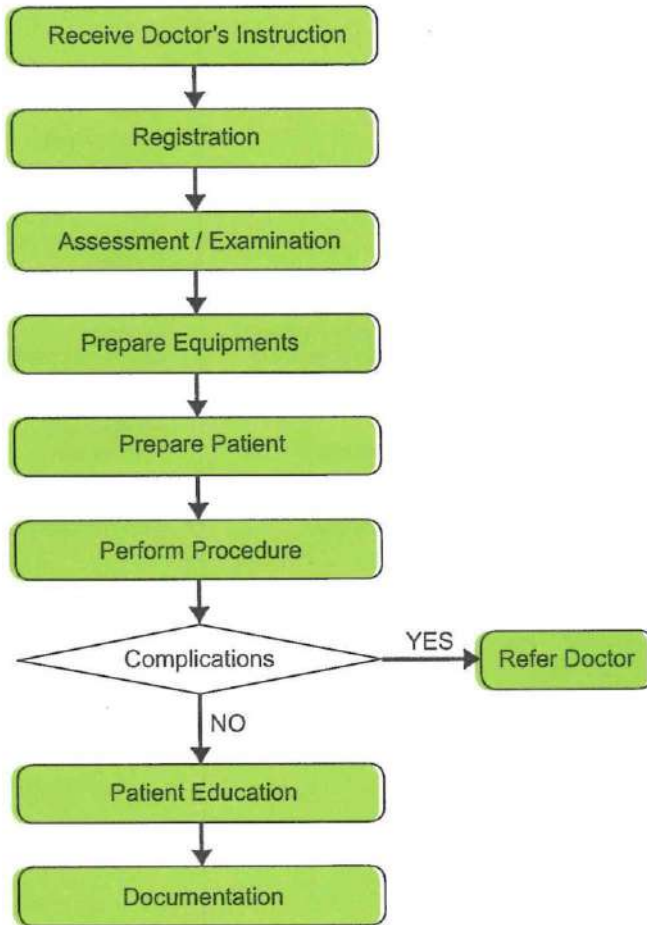
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STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

1. Ear Syringing Procedure

1.1 Flow Chart



1.2 Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in procedure book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Register Number Race 	<ul style="list-style-type: none"> Procedure of Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Assess the patient's pinna and ear canal for redness, lesion, discharge and tenderness. Status of tympanic membrane. 	<ul style="list-style-type: none"> Syringing contra indicated in perforated tympanic membrane & infected ear 	<ul style="list-style-type: none"> Otoscope Aural speculum Head light.
4. Prepare Equipment	<ul style="list-style-type: none"> Check instruments. Adequate Otoscope (Brightness). Functioning well 	<ul style="list-style-type: none"> Clean procedure. 	<ul style="list-style-type: none"> 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)

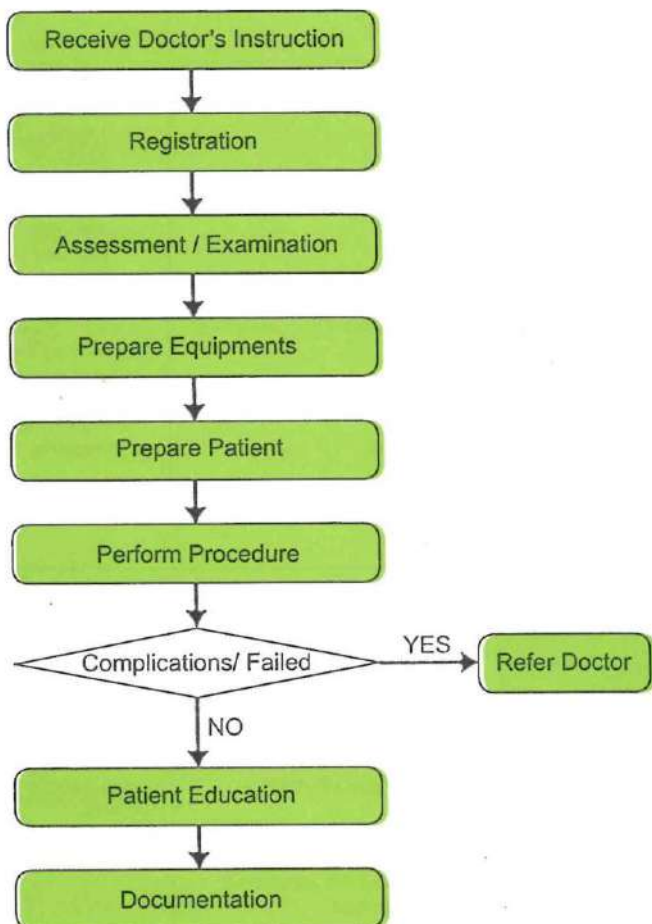
Activity	Work Process	Standard	Requirement
5. Prepare Patient	<ul style="list-style-type: none"> • Check correct patient. • Explain about the Ear Syringing procedure to patient / relative and make sure they fully understand it. • Put patient on sitting / supine position 	<ul style="list-style-type: none"> • Call patient by name 	<ul style="list-style-type: none"> • Patient examination chair. • Examination Couch.
6. Perform Procedure	<ul style="list-style-type: none"> • 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 :- <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> • Universal Precautions. <ul style="list-style-type: none"> - apron, mask, goggle, glove etc. • Adult • Children. 	

Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> • Dry off the patient's outer ear after syringing. <ul style="list-style-type: none"> - Re-examine the patient's ear after syringing • - Any complication <ul style="list-style-type: none"> e.g. - pain. - vertigo - fail/ unsuccessful • Clean the instrument. 	<ul style="list-style-type: none"> • Refer to Doctor. • Soak in appropriate disinfectant solution. 	
7. Patient's Education	<ul style="list-style-type: none"> • Care of the ear. • Any complication <ul style="list-style-type: none"> e.g. - pain. - discharge. 	<ul style="list-style-type: none"> • Personal Hygiene. • Come to Otorhinolaryngology clinic. 	
8.Documentation	<ul style="list-style-type: none"> • Document the procedure and the findings. 	<ul style="list-style-type: none"> • Entries to be legible, signed and dated. 	<ul style="list-style-type: none"> • Procedure book / Patient notes • Otorhinolaryngology file / out patient card (Perubatan 96 Pin. 1/78). • Patient Medical Record

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

2. Removal of Ear way

2.1 Flow Chart



2.2 Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand the instruction given by the Doctor. 	<ul style="list-style-type: none"> Written instruction. 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Register Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Assess patient's external ear for :- <ul style="list-style-type: none"> wax. inflammation and discharge pain. Stenosis 	<ul style="list-style-type: none"> Use microscope to assess the patient ear canal and the integrity of the tympanic membrane 	<ul style="list-style-type: none"> Otoscope Head Light Aural Speculum Microscope (if available)
4. Prepare Equipment	<ul style="list-style-type: none"> Check the instrument Functioning well Brightness 	<ul style="list-style-type: none"> Clean procedure 	<ul style="list-style-type: none"> Micro Cup Forceps Suction Machine Suction tube Zoellner's Sucker Crocodile Forceps Jobson Home Probe Right Angle Hook Kidney Dish Gallipots Gauze. Gloves. Clinical waste container Wax softener (olive oil, sodium bicarbonate etc)
5. Prepare Patient	<ul style="list-style-type: none"> Check correct Patient :- Explain procedure to patient / relative , make sure they understand the procedure and cooperate 	<ul style="list-style-type: none"> Call patient by name. 	

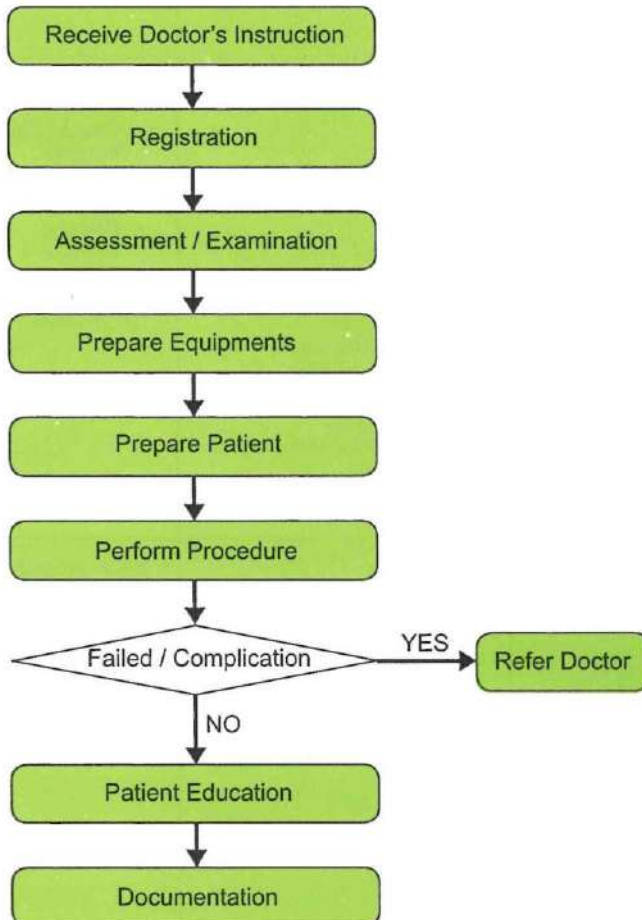
Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> Place patient on sitting / supine position. 		<ul style="list-style-type: none"> Patient's examination chair. Examination couch.
6. Perform Procedure	<ul style="list-style-type: none"> Hand washing Put on gloves Use clinical waste container to discard soiled dressing. Use Microscope to visualize the patient's ear canal. Straighten ear canal by gently pulling the pinna :- <ul style="list-style-type: none"> upwards and downwards. downwards and backwards. Insert the appropriate size ear speculum into the ear canal. If the patient is uncooperative: <ul style="list-style-type: none"> Wrap the child with blanket and hold the child in lying position. If Failed Use wax softener if the wax is hard Use appropriate instruments to remove the wax:- <ul style="list-style-type: none"> Suction. Forceps. Check for any trauma or any abnormality :- <ul style="list-style-type: none"> Perforation of Tympanic Membrane. Inflammation. If the wax cannot be removed. 	<ul style="list-style-type: none"> Universal Precaution. <ul style="list-style-type: none"> mask, glove etc. Adult. Children. Size 1 – 5. Refer to Doctor Wax softener Refer to Doctor 	<ul style="list-style-type: none"> Sodium Bicarbonate ear drop 5 % . Olive Oil. Cerumol

Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> • Clean the instruments 	<ul style="list-style-type: none"> • Soak in appropriate disinfectant solution. 	
7. Patient's Education	<ul style="list-style-type: none"> • Care of the ear <ul style="list-style-type: none"> - Personal hygiene • If any complication;- <ul style="list-style-type: none"> e.g. – pain . - discharge. • Follow up in clinic if necessary. 	<ul style="list-style-type: none"> • Don't use cotton bud to clean the ear. • Come to Otorhinolaryngology clinic. 	<ul style="list-style-type: none"> • Appointment card (Perub. 91 (Pind. 7/75))
8. Documentation	<ul style="list-style-type: none"> • Document the procedure. • Findings. 	<ul style="list-style-type: none"> • Entries to be legible signed and dated. 	<ul style="list-style-type: none"> • Procedure book / patient notes. • Otorhinolaryngology file/ appointment patient card (Perub. 96 Pind. 1/787). • Patient medical record.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

3. Removal of Foreign Body Ear

3.1 Flow Chart



3.2 Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number Age Sex Register Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Identify problem;- <ul style="list-style-type: none"> examine the ear to visualize identify the foreign body. <ul style="list-style-type: none"> insect. cotton bud. nuts. Others 	<ul style="list-style-type: none"> Microscope 	<ul style="list-style-type: none"> Otoscope Aural Speculum
4. Prepare Equipment	<ul style="list-style-type: none"> Check the instrument;- <ul style="list-style-type: none"> function well. brightness (Microscope or Head Lights) Appropriate instrument for appropriate foreign body 	<ul style="list-style-type: none"> Clean procedure. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Call patient by name. 	<ul style="list-style-type: none"> • Patient's examination Chair • Examination couch
6. Perform Procedure	<ul style="list-style-type: none"> • Instruct patient not to move during procedure. • Examine the affected ear, visualize the foreign body under microscope, <ul style="list-style-type: none"> - insects. - cotton bud. - nuts. - others. • Straighten ear canal by gently pulling the pinna;- <ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> • All time to be courteous, kind and gentle. • Adult. • Children. • Size 1 – 5. <p>eg., suction or crocodile forceps for vegetative /organic foreign body Jobson Home Probe or right angle hook for non</p>	

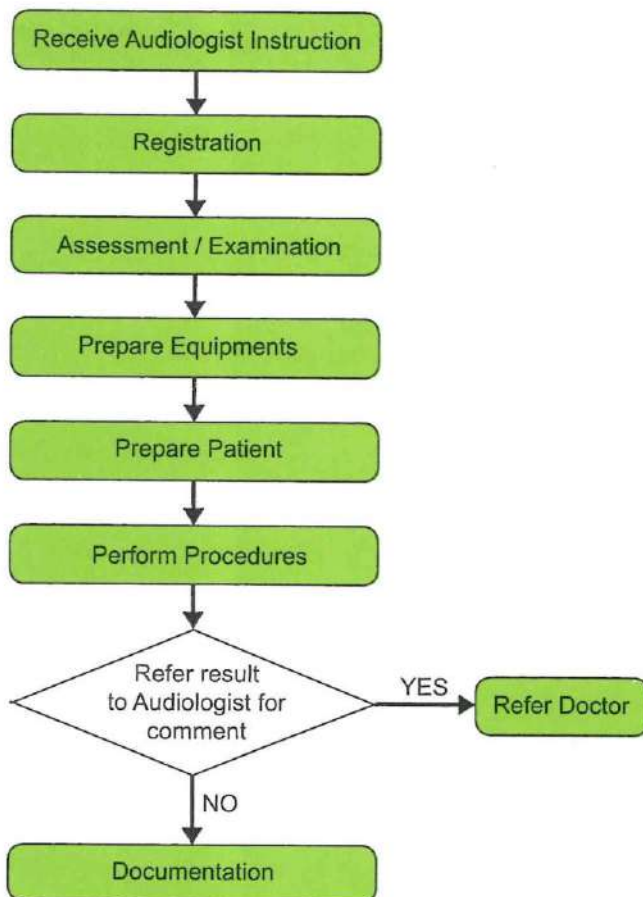
Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> • Make sure not to injure patient's Ear during the procedure. • Suck the remaining Olive Oil in External Auditory Canal and clean the ear if necessary. • Re-examine the ear • Uncooperative patient • If the Procedure failed • Clean the instrument 	<p>Organic or rounded foreign body</p> <p>Syringing for inorganic small Foreign Body (refer to SOP 1)</p> <ul style="list-style-type: none"> • Refer to Doctor • Refer to Doctor if: <ul style="list-style-type: none"> - foreign body not visualize. - Near the Tympanic Membrane. - failed to remove foreign body. Complication /trauma • Success or fail <ul style="list-style-type: none"> - type of foreign body - ear findings • soak in disinfectant solution. 	
7. Patient Education	<ul style="list-style-type: none"> • Care of the Ear, <ul style="list-style-type: none"> - Personal Hygiene - Don't use cotton bud to clean the ear • If any complication <ul style="list-style-type: none"> - Ear discharge. - Bleeding. - Tenderness. 	<ul style="list-style-type: none"> • Come to Otorhinolaryngology clinic . 	

Activity	Work Process	Standard	Requirement
8. Documentation	<ul style="list-style-type: none">• Follow up in clinic if necessary.• Document the procedure findings	<ul style="list-style-type: none">• Entries to be legible , signed and dated.	<ul style="list-style-type: none">• Appointment card (Perub. 91 (Pind. 7/75))• Procedure book / patient notes.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

4. Pure Tone Audiometry (PTA) Test

4.1 Flow Chart



4.2 Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand Doctor instruction 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in the Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number Age Sex Register Number Race 	<ul style="list-style-type: none"> Registration Procedure Book.
3. Assessment / Examination	<ul style="list-style-type: none"> Identify the patient's hearing problem and the side of hearing impairment. <ul style="list-style-type: none"> chose suitable test according to patient age and condition 		<ul style="list-style-type: none"> Otoscope
4. Prepare Equipment	<ul style="list-style-type: none"> Check and make sure the Audiometer is calibrated and functioning well. 	<ul style="list-style-type: none"> Audiometer must be calibrated every six months. Procedure must be performed in the sound proof cabin or room. 	<ul style="list-style-type: none"> Audiometer. Sound proof cabin. Audiogram form. Pen (red/black).
5. Prepare Patient	<ul style="list-style-type: none"> Check correct Patient, Explain to the patient the procedure to be carried out :- <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Call patient by name. The patient must understand the instruction and be cooperative. 	

Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> • Sitting position. 	<ul style="list-style-type: none"> • Patient examination chair.
6. Perform Procedure	<ul style="list-style-type: none"> • 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":- <ul style="list-style-type: none"> - 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
	<p>However care should be taken if patient is suspected to have severe to profound sensori neural hearing loss with recruitment.</p> <ul style="list-style-type: none"> • If patient do not respond to 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. • 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. 	<ul style="list-style-type: none"> • Tone 250Hz - 8000 Hz. • Intensity 10dB - 120dB 	

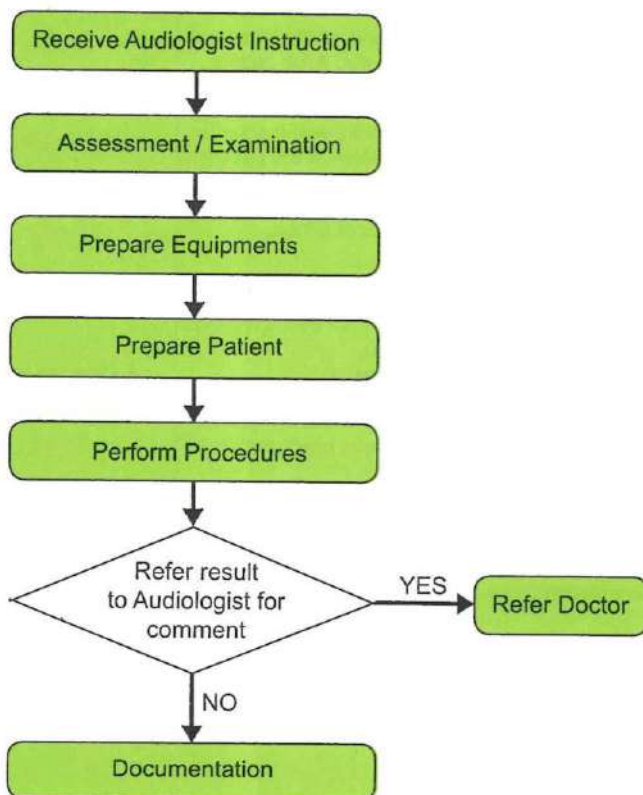
Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> • Test the other ear in the same manner. • "Bone Conduction Technique":- <ul style="list-style-type: none"> - (1) Bone conduction testing is carried out if the air conduction thresholds are worst than 20dBHL. • The bone conductor 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" ; <ul style="list-style-type: none"> - 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
	<p>threshold. The initial masking noise should be 20dB above the air conduction threshold of the non test ear in each frequency tested.</p> <ul style="list-style-type: none"> • 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. • 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 . • Any ear disorders. 	<p>Audiogram form</p> <ul style="list-style-type: none"> • Consult Doctor 	
8. Documentation	<ul style="list-style-type: none"> • Record in the procedure book 	<ul style="list-style-type: none"> • Entries to be legible , signed and dated. 	<ul style="list-style-type: none"> • Procedure book / Patient notes

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

5. Tympanometry test

5.1 Flow Chart



5.2 Work Process

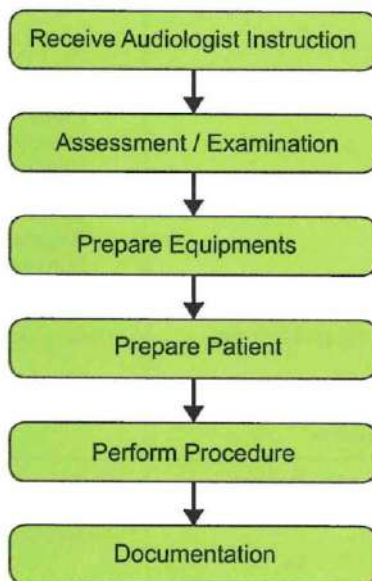
Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Audiologist/ Doctor. 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin.1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number Age Sex Register Number Race 	<ul style="list-style-type: none"> Procedure Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Check ear canal and tympanic membrane condition 	<ul style="list-style-type: none"> Do not perform any test if there is: <ul style="list-style-type: none"> discharge Perforation 	<ul style="list-style-type: none"> Otoscope
4. Prepare Equipment	<ul style="list-style-type: none"> Check the Tympanometer well functioning and calibration. 	<ul style="list-style-type: none"> Tympanometer must be calibrated every six months. 	<ul style="list-style-type: none"> Tympanometer. Varies sizes of ear Tip. Printing paper for particular brand of Tympanometer.
5. Prepare Patient	<ul style="list-style-type: none"> Check correct Patient; <ul style="list-style-type: none"> call patient by name. Explain procedure to patient to keep still and avoid swallowing saliva during procedure. <ul style="list-style-type: none"> Ensure no ear discharge/no ear drum perforation Put patient in sitting/lying position. 	<ul style="list-style-type: none"> The patient must understand the instruction and be cooperative. 	<ul style="list-style-type: none"> Patient examination chair / couch.

Activity	Work Process	Standard	Requirement
6. Perform Procedure	<ul style="list-style-type: none"> • 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 ; <ul style="list-style-type: none"> - avoid head movement. - withhold procedure if patient uncooperative. • Print and interpret the result. • All result with any abnormality detected. 	<ul style="list-style-type: none"> • Consult Audiologist / Doctor 	<ul style="list-style-type: none"> • Procedure book / Patient notes
8.Documentation	<ul style="list-style-type: none"> • Record in the procedure book 	<ul style="list-style-type: none"> • Entries to be legible , sign and dated. 	

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

6. Ear Impression

6.1. Flow Chart



6.2 Work Process

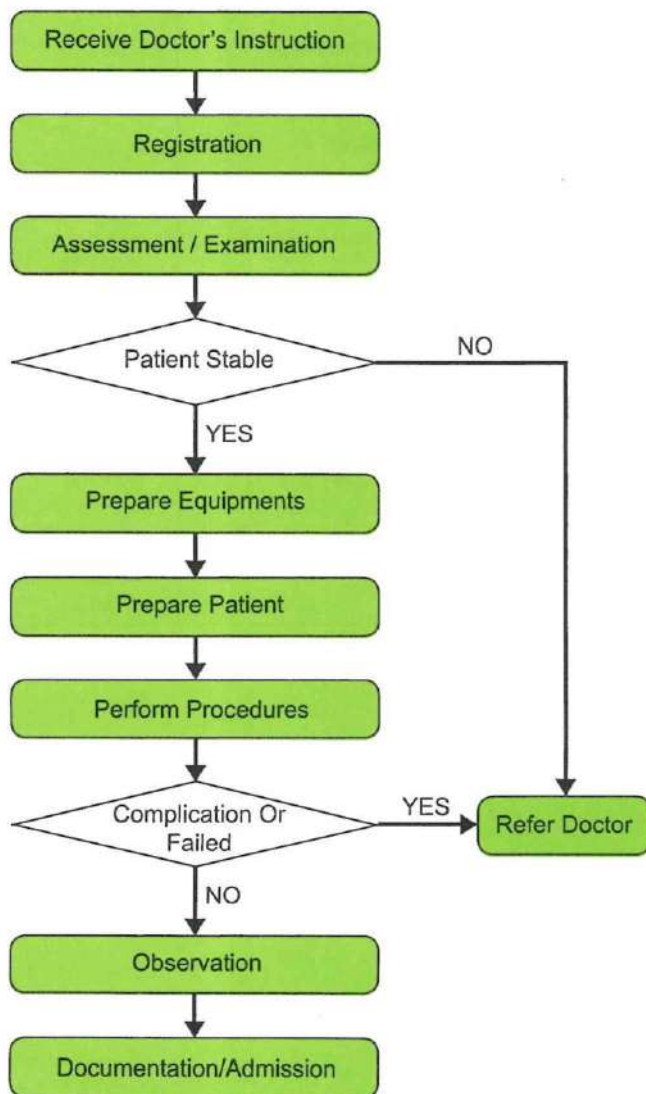
Activity	Work Process	Standard	Requirement
1. Receive Instructions	<ul style="list-style-type: none"> Read and understand instruction as given by Audiologist/ Doctor 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number Age Sex Register Number Race 	<ul style="list-style-type: none"> Procedure Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Identify the problem ear. Examine of ear canal. Make sure no infection, discharge & impacted wax . 	<ul style="list-style-type: none"> Clean procedure. 	<ul style="list-style-type: none"> Otoscope. Ear speculum.
4. Prepare Equipment	<ul style="list-style-type: none"> Prepare all equipment and check the Instrument. 	<ul style="list-style-type: none"> Well Function Brightness 	<ul style="list-style-type: none"> Ear Lights. Silicone Impression Material. Hardener paste. Stopper plug / impression pad. Impression Syringe. Dosage spoon .
5. Prepare Patient	<ul style="list-style-type: none"> Check Correct Patient <ul style="list-style-type: none"> Call patient by name. Explaining Procedure to Patient / Relative . Put patient in sitting up position. 		<ul style="list-style-type: none"> Patient Examination Chair.

Activity	Work Process	Standard	Requirement
6. Perform Procedure	<ul style="list-style-type: none"> Place patient in correct position . 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). Removed after 2–5 minutes. (when the mould hardened). Advice patient for follow up in the Otorhinolaryngology clinic. 	<ul style="list-style-type: none"> Dosage: 170g Fricosil with 5 g m. hardener . (Follow the manufacture guide) 2 – 5 minutes. 2 weeks - 1 month 	<ul style="list-style-type: none"> Appointment card (Perub. 91 (Pind. 7/75))
8.Documentation.	<ul style="list-style-type: none"> Record in the procedure book 	<ul style="list-style-type: none"> Entries to be legible , sign and dated. 	<ul style="list-style-type: none"> Procedure book / Patient's notes.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

7. Anterior Nasal Packing

7.1. Flow Chart



7.2. Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction. 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in the Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number Age Sex Registration Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Brief history taking ; <ul style="list-style-type: none"> Assess the severity of epistaxis . Active epistaxis which does not stop by pinching of nostrils and cold compress. Assess patient condition ; <ul style="list-style-type: none"> bleeding condition . conscious . vital sign, pulse rate, blood pressure. Put patient on Intravenous line, take blood specimen Grouping and Cross matching 	<ul style="list-style-type: none"> Check Blood Pressure, Pulse and look for pallor (anaemia) Inform doctor If vital sign not stable <ul style="list-style-type: none"> Tachycardia Pale Low Blood Pressure 	<ul style="list-style-type: none"> Sphygmoma-nometer. Intravenous Fluid ; <ul style="list-style-type: none"> Normal Saline 0.9%. Gellafundin . Specimen Container and request form
4. Prepare Equipment	<ul style="list-style-type: none"> Ensure all instruments are functioning well. 	<ul style="list-style-type: none"> Clean procedure. Universal precaution <ul style="list-style-type: none"> apron, mask, goggle, glove etc. 	<ul style="list-style-type: none"> Head Lights. Thudicum Nasal Speculum . Tilley's dressing forceps. Appropriate sucker Suction Machine and Suction Tube..

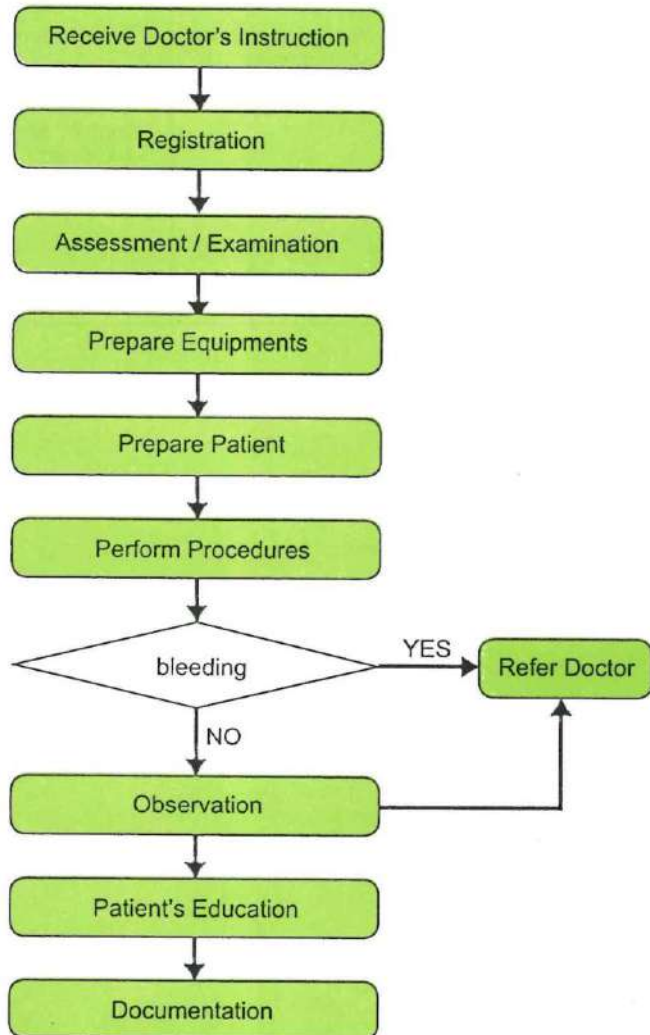
Activity	Work Process	Standard	Requirement
			<ul style="list-style-type: none"> • Nasal packs eg. Bismuth Iodoform Paraffin Paste (BIPP and other appropriate nasal packs) • Kidney Dish. • Galipots. • Dressing Scissor. • Gauzes. • Normal Saline 0.9% • Sterile Surgical Gloves.
5. Prepare Patient	<ul style="list-style-type: none"> • Explain procedure to patient/ relatives; - Proper and clear explanation to gain patient cooperation. • Put patient upright position with head support . • Protect patient with cap machintosh. 	<ul style="list-style-type: none"> • Sitting up or semi-recumbent 45 degree . 	<ul style="list-style-type: none"> • Ear Nose Throat Examination chair.
6. Perform Procedure	<ul style="list-style-type: none"> • Ensure the patient in correct position ; • Nasal suction at bleeding site; - Identify bleeding site area if possible • Proceed with packing layer by layer from down to up with Bismuth Iodoform Paraffin Paste packing or appropriate 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	<ul style="list-style-type: none">• Observe for any further bleeding from the nose and throat• If there is any bleeding• Continue monitoring of Blood Pressure, vital signs.	<ul style="list-style-type: none">• Refer to doctor	
8. Documentation	<ul style="list-style-type: none">• Document the procedure/ findings.• Initiate admission procedure	<ul style="list-style-type: none">• Entries to be Legible, signed and dated.	<ul style="list-style-type: none">• Patient note/ ORL file/ Out patient card, Patient medical record.• Follow admission procedures.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

8. Removal of Nasal Packing

8.1. Flow Chart



8.2. Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction given by Doctor. 	<ul style="list-style-type: none"> Written instruction . 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Register Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book .
3. Assessment / Examination	<ul style="list-style-type: none"> Ensure correct patient ; Put the patient in the sitting position with head lean forward . 	<ul style="list-style-type: none"> call patient by name. 	<ul style="list-style-type: none"> Hospital bed with cardiac table Patient examination chair.
4. Prepare Equipment	<ul style="list-style-type: none"> Check the instruments functioning well brightness 	<ul style="list-style-type: none"> Clean procedure. Universal precaution <ul style="list-style-type: none"> apron, mask, goggle, glove etc. 	<ul style="list-style-type: none"> 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 .

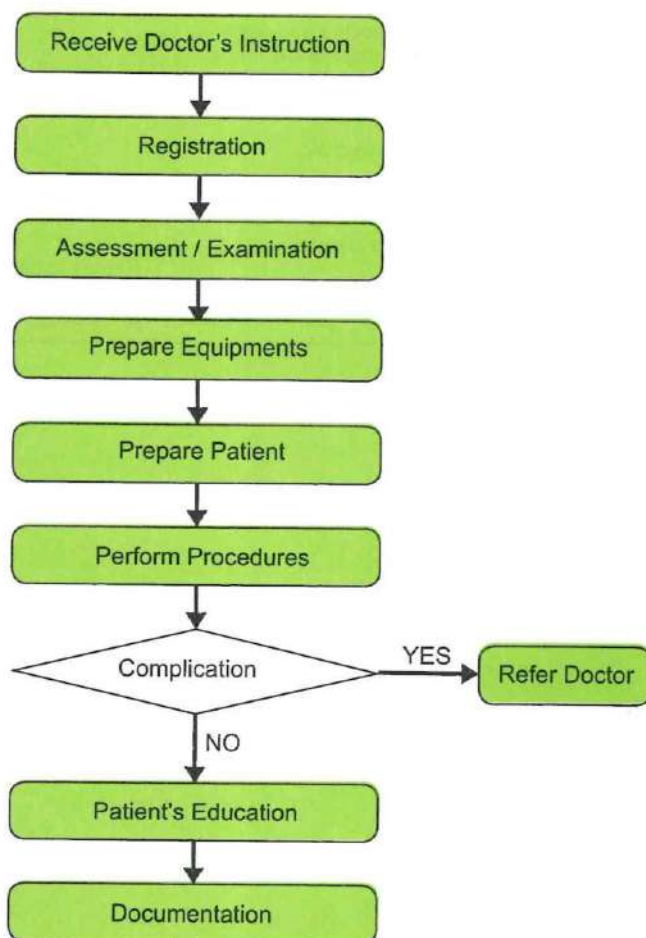
Activity	Work Process	Standard	Requirement
			<ul style="list-style-type: none"> • Clinical Waste Container. • Dressing set • Ice water for gargle .
5. Prepare Patient	<ul style="list-style-type: none"> • Explain procedure to patient / relatives; <ul style="list-style-type: none"> - proper and clear explanation to gain patient cooperation. • Position patient according to the procedure ; <ul style="list-style-type: none"> - Sitting up position with head support and lean on cardiac table. 		
6. Perform Procedure	<ul style="list-style-type: none"> • Place the Kidney Dish below the nose. • Take off adhesive tape. • 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	<ul style="list-style-type: none"> • Observe for any further bleeding • If bleeding does not stop 	<ul style="list-style-type: none"> • Refer to doctor for further 	<ul style="list-style-type: none"> • Sphygmomanometer.

Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> If no bleeding <ul style="list-style-type: none"> Check Blood Pressure. General condition. 	management	
8. Patient Education	<ul style="list-style-type: none"> Avoid blowing/picking his/her nose. Sneezing with open mouth. If there is any further bleeding seek immediate treatment. Follow up in clinic. 		<ul style="list-style-type: none"> Appointment card (Perub. 91 (Pind. 7/75)).
9. Documentation	<ul style="list-style-type: none"> Document the procedure & finding. Record in the procedure book 	<ul style="list-style-type: none"> Entries to be legible, signed and dated.. 	<ul style="list-style-type: none"> Procedure book / Patient notes

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

9. Nasal Douching

9.1. Flow Chart



9.2. Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Registration Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Identify the correct nostril; <ul style="list-style-type: none"> assess the normal nostril first than the affected nostril. 		
4. Prepare Equipment	<ul style="list-style-type: none"> Check instruments 	<ul style="list-style-type: none"> Clean procedure Function well Brightness 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Check correct Patient ; Check the correct nostril ; <ul style="list-style-type: none"> the problem nostril. 	<ul style="list-style-type: none"> Call patient by name. 	

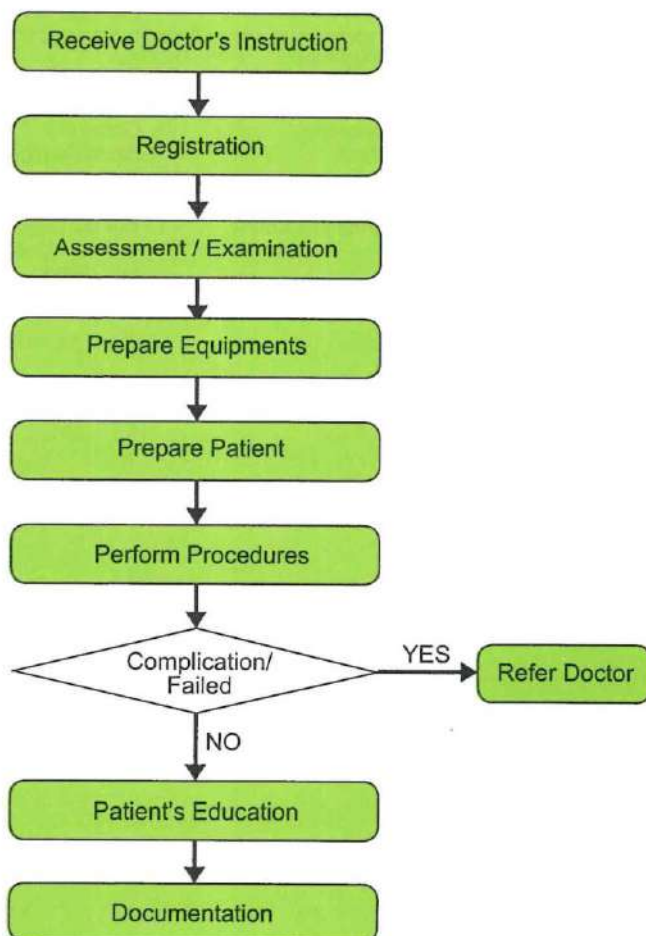
Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> • Explain procedure to patient / relative . <ul style="list-style-type: none"> - make sure they understand the procedure and cooperate • Put patient on sitting position facing the examiner. 		<ul style="list-style-type: none"> • Patient examination chair.
6. Perform Procedure	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Clean procedure • add 1 teaspoon of alkaline nasal douche powder with 200ml of warm Normal saline in galipot. • Universal precautions. <ul style="list-style-type: none"> - apron, face mask, goggle, gloves etc. • Send to CSSD 	

Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> Observe for possible complications; <ul style="list-style-type: none"> Bleeding . Tenderness Swollen eyes etc. 	<ul style="list-style-type: none"> Refer to Doctor. 	
7. Patient Education	<ul style="list-style-type: none"> Personal hygiene; <ul style="list-style-type: none"> Care of the nose. Any Complication ; <ul style="list-style-type: none"> Tenderness. Infection. 	<ul style="list-style-type: none"> Come to Otorhinolaryngology clinic. 	
8. Documentation	<ul style="list-style-type: none"> Document the procedure 	<ul style="list-style-type: none"> Entries to be legible, signed and dated. 	<ul style="list-style-type: none"> Patient notes/ Medical record.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

10. Removal of Nasal Foreign Body

10.1. Flow Chart



10.2. Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record Or procedure Slip.
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Registration Number. Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Identify affected Nostril ; <ul style="list-style-type: none"> assess the unaffected nostril first than the affected one. 		<ul style="list-style-type: none"> Thudicum Nasal Speculum Head Light Suction Machine Appropriate Sucker
4. Prepare Equipment	<ul style="list-style-type: none"> Check the Instrument ; 	<ul style="list-style-type: none"> Clean procedure Instrument well function brightness (Head Light). 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Check correct Patient ; Explain procedure to patient / parent / relative . 	<ul style="list-style-type: none"> call patient by name 	

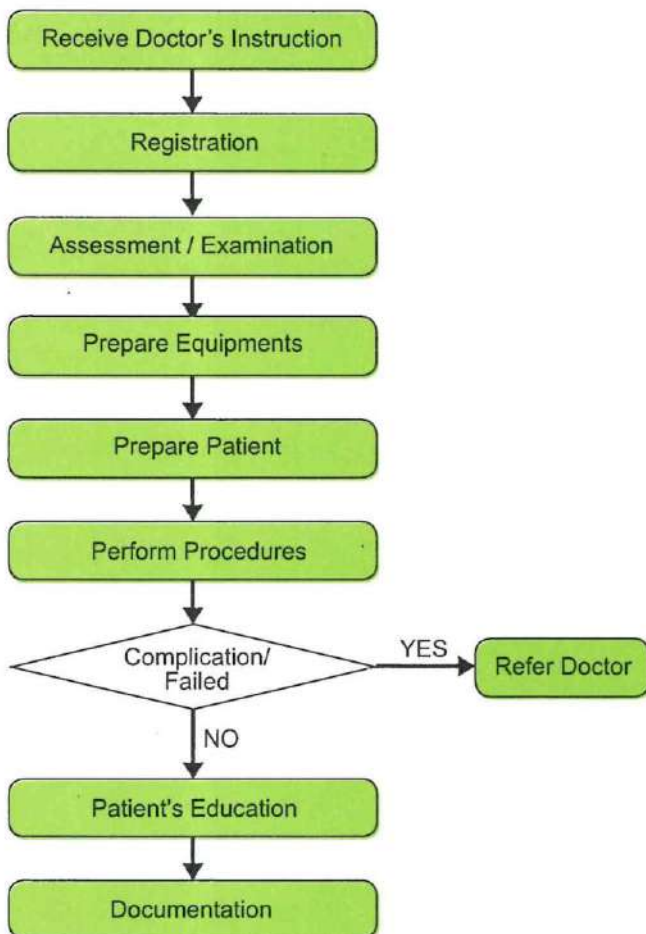
Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> In children; <ul style="list-style-type: none"> Instruct assistants (parent or medical staff) to hold the child in sitting position facing the examiner. Assistant's right hand holding the child's forehead, left hand holding upper limbs and child's lower limb hold tightly by assistant's leg. In adult case ; <ul style="list-style-type: none"> put patient in sitting position facing the examiner. 		<ul style="list-style-type: none"> Patient's examination chair.
6. Perform Procedure	<ul style="list-style-type: none"> Put on Head Lights and adjust appropriately . Insert Thudicum Nasal Speculum gently into nasal cavity , visualize and identify type and position of foreign body Remove the foreign body by using the appropriate instruments Observe for any complications such as <ul style="list-style-type: none"> bleeding Severe tenderness. Septal perforation Failed removal 	<ul style="list-style-type: none"> All time to be courteous, kind and gentle. Eg. Tilley's Forceps for thin FB eg. Paper/cotton, Jobson Horne Probe for rounded FB Suction . Refer to Doctor. 	
7. Patient Education	<ul style="list-style-type: none"> Care of the Nose. <ul style="list-style-type: none"> Personal hygiene . Advice parent to observe their children not to put any object into their nostril. 		

Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none">Any complication<ul style="list-style-type: none">Infection.Bleeding.	Come to Otorhinolaryngology clinic	Appointment card (Perubatan. 91 Pind 7/75)
8.Documentation	<ul style="list-style-type: none">Document the procedure.	<ul style="list-style-type: none">Entries to be legible, signed and dated.	<ul style="list-style-type: none">Patient Medical Record

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

11. Removal of Foreign Body for Rethroat

11.1. Flow Chart



11.2 Work Process

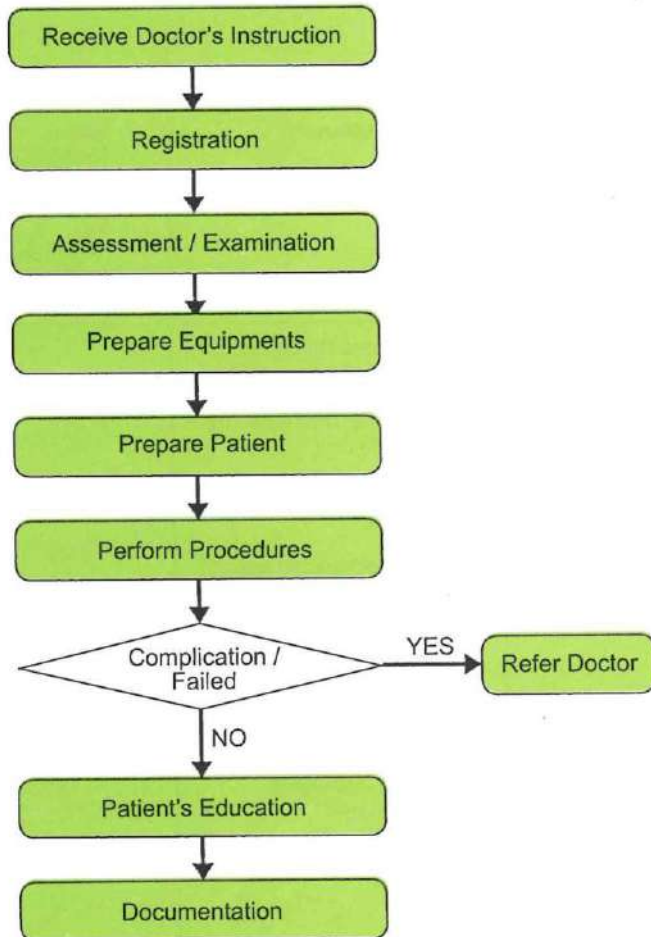
Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction . 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Registration Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> Identify and confirm site of suspected area assess thoroughly oral cavity and oropharynx look carefully at both tonsillar fossae for foreign body ; <ul style="list-style-type: none"> eg. Fish bone. 	<ul style="list-style-type: none"> Limited to Foreign Body in oral cavity and oropharynx 	<ul style="list-style-type: none"> Head light. Luc tongue depressor . Tilley's forceps. Crocrodile forceps Gauze.
4. Prepare Equipment	<ul style="list-style-type: none"> Check the instrument 	<ul style="list-style-type: none"> Clean procedure Well function Brightness (Head Lights) 	<ul style="list-style-type: none"> Head light. Luc tongue depressor . Tilley's forceps. Gauze. Glove. Local Anaesthetic Spray eg. Xylocaine 10%.
5. Prepare Patient	<ul style="list-style-type: none"> Check correct Patient ; Explain procedure to patient / relative. <ul style="list-style-type: none"> instruct patient do not move during procedure. Put patient in sitting position facing the examiner 	<ul style="list-style-type: none"> call patient by name. 	<ul style="list-style-type: none"> Patient's Examination chair.

Activity	Work Process	Standard	Requirement
6. Perform Procedure	<ul style="list-style-type: none"> • Instruct the patient to pin point the possible Foreign body site then open the mouth and breath through it • Spray the xylocaine 10% into the mouth • Press the tongue and inspect the areas • 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: <ul style="list-style-type: none"> - bleeding . - pain 	<ul style="list-style-type: none"> • At all time to be courteous, kind and gentle, • Wait for 5 - 10 minutes. • Refer to Doctor 	
7. Patient Education	<ul style="list-style-type: none"> • Care of the affected area ; <ul style="list-style-type: none"> - do not disturb the affected area. - clean the mouth with gargle. Avoid hot food or drink until the Local Anaesthetic effect disappeared • If any complication 	<ul style="list-style-type: none"> • Come to Otorhinolaryngology clinic. 	<ul style="list-style-type: none"> • Appropriate gargle.
8. Documentation	<ul style="list-style-type: none"> • Document the procedure and findings. 	<ul style="list-style-type: none"> • Entries to be legible, signed and dated. 	<ul style="list-style-type: none"> • / patient notes / out patient card (Perubatan 96 – Pin. 1/78), Patient Medical Record.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

12. Care of Patient on Tracheostomy Tube

12.1. Flow Chart



12.2. Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction . 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record Or procedure Slip.
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. If necessary. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number. Age Sex Registration Number. Race 	<ul style="list-style-type: none"> Procedure Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> General assessment eg. Cyanosis, dyspnoea stridor etc. Examine the Tracheostomy area (neck) ; <ul style="list-style-type: none"> Dirty. Block. Infected. Identify the type and size of the Tracheotomy tube; <ul style="list-style-type: none"> cuff or non cuff tube single or double lumen fenestrated or non-fenestrated 		
4. Prepare Equipment	<ul style="list-style-type: none"> Check the instrument functioning well well packing wrapper intact expiry date 	<ul style="list-style-type: none"> Sterile Procedure 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Check correct Patient ; • Explain procedure to patient /relative. • Put patient in supine position 	<ul style="list-style-type: none"> - call patient by name. 	<ul style="list-style-type: none"> • Examination Couch
6. Perform Procedure	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Sterile Procedure. • All the time to be courteous , kind and gentle. <p>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)</p>	
	<ul style="list-style-type: none"> • 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 	<p>Shallow technique: distal eyelet (side hole) of suction catheter just exit the tip of tracheostomy tube. Use in minima secretion</p> <p>Deep technique: Insert suction catheter until resistance, withdraw it 2-3 cm and then apply the suction pressure use un cupions secretion.</p> <ul style="list-style-type: none"> • Duration of each suction should 	<ul style="list-style-type: none"> • Normal saline 0.9%.

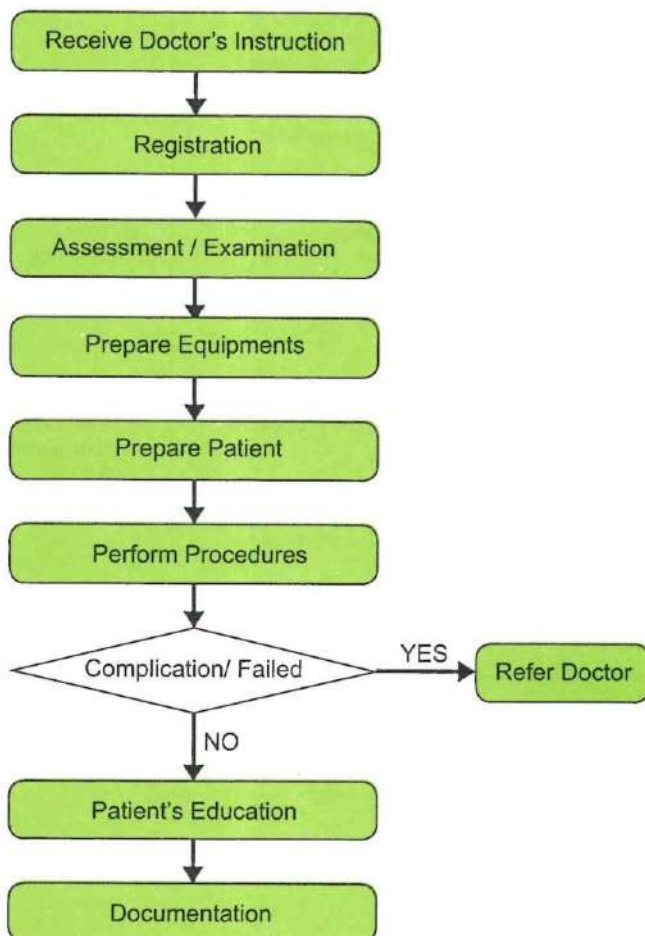
Activity	Work Process	Standard	Requirement
	<ul style="list-style-type: none"> Allow patient to breath/ cough between each suction procedure. Repeat tracheal suctioning if necessary. If failed, change the tracheostomy tube (refer SOP – change of tracheostomy tube) Flush suction catheter with Normal Saline solution if the tubing is blocked. Clean around the tracheostomy site. Check air entry and observe for difficulty in breathing / cyanosis. Ensure the tracheostomy tube is well secured. Apply dressing Check breathing pattern ; <ul style="list-style-type: none"> observe difficulty in breathing or any changing color of patient . 	<p>not be more than 10 second at one time</p> <p>Refer to doctor</p> <p>Use appropriate dressing solution</p> <ul style="list-style-type: none"> Using dorsal Part of your hand or piece of cotton wool. Key Hole dressing, and one finger spacing 	
7. Patient Education	<ul style="list-style-type: none"> Care of the tracheotomy tube; <ul style="list-style-type: none"> Personal hygiene. Cover the tracheotomy tube in air pollution area. Shower below the shoulder. Proper tying of the ribbon ; <ul style="list-style-type: none"> 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
8. Documentation	<ul style="list-style-type: none"> - If possible ask patient to buy portable suction machine. - 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. • If any complications <ul style="list-style-type: none"> - tube block. - tenderness. - infection. • Follow up in clinic. 	<ul style="list-style-type: none"> • Come to Otorhinolaryngology clinic or Emergency Department. 	<ul style="list-style-type: none"> • Appointment card (Perub. 91 (Pind. 7/75))
	<ul style="list-style-type: none"> • Document the procedure 	<ul style="list-style-type: none"> • Entries to be legible, signed and dated. 	<ul style="list-style-type: none"> • Patient notes/ Patient Medical Records.

STANDARD OPERATING PROCEDURES
FOR MEDICAL ASSISTANTS
IN OTORHINOLARYNGOLOGY

13. Change of Tracheostomy Tube

13.1. Flow Chart



13.2 Work Process

Activity	Work Process	Standard	Requirement
1. Receive Instruction	<ul style="list-style-type: none"> Read and understand instruction as given by Doctor. 	<ul style="list-style-type: none"> Written instruction 	<ul style="list-style-type: none"> Otorhinolaryngology File or out patient card (Perubatan 96 – Pin. 1/78) or Patient Medical Record or Procedure Slip
2. Registration	<ul style="list-style-type: none"> Register Patient in Procedure Book. 	<ul style="list-style-type: none"> Patient Particular <ul style="list-style-type: none"> Name Identity Card Number, Age Sex Registration Number Race 	<ul style="list-style-type: none"> Procedure's Registration Book
3. Assessment / Examination	<ul style="list-style-type: none"> General assessment eg. Cyanosis, dyspnoea stridor etc. Examine the Tracheostomy area (neck) ; <ul style="list-style-type: none"> Dirty. Block. Infected. Identify the type and size of the Tracheotomy tube; cuff or non cuff tube <ul style="list-style-type: none"> single or double lumen fenestrated or non-fenestrated 		<ul style="list-style-type: none"> Suction machine and suction tube. Dressing Scissor.
4. Prepare Equipment	<ul style="list-style-type: none"> Check the instrument ; 	<ul style="list-style-type: none"> Sterile Procedure. sterile . well packing wrap not tear. expiry date . 	<ul style="list-style-type: none"> 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
			<ul style="list-style-type: none"> • Sterile Suction catheter, machine and tube. • Dressing Scissor • Lignocaine gel • Syringe 10ml • Normal saline 0.9% • Sterile surgical glove. • Ribbon Tape
5. Prepare Patient	<ul style="list-style-type: none"> • Check correct Patient ; • Explain procedure to patient /relative. <ul style="list-style-type: none"> - instruct patient to be cooperate • Put patient on supine position with head extended by placing pillow under the shoulder • Perform suctioning before taking out the tube for changing.(refer SOP 12 Care of Patient on tracheostomy tube) 	<ul style="list-style-type: none"> • call patient by name. 	<ul style="list-style-type: none"> • Examination Couch • patient couch.
6. Perform Procedure	<ul style="list-style-type: none"> • wear face mask, Wash hand , and put on sterile gloves. • Open sterile dressing set and prepare instrument and antiseptic solution. • Choose the new appropriate tracheostomy tube ; <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> • Universal Precautions. • Sterile procedure • 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
	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 One finger spacing Key hold dressing 	

Activity	Work Process	Standard	Requirement
7. Patient Education	<ul style="list-style-type: none"> Care of the tracheostomy tube; <ul style="list-style-type: none"> Personal hygiene. No swimming. Cover the tracheostomy tube in air pollution area. Tie the ribbon ; <ul style="list-style-type: none"> not too tight or too loose. If possible ask patient to buy portable suction machine . If any complication ; <ul style="list-style-type: none"> block . dislodge. 	<ul style="list-style-type: none"> Come to Otorhinolaryngology clinic or Emergency Department. 	<ul style="list-style-type: none"> Appointments card (Perub. 91 (Pind. 7/75))
8. Documentation	<ul style="list-style-type: none"> Follow up in clinic. Document the procedure 	<ul style="list-style-type: none"> Entries to be legible, signed and dated. 	<ul style="list-style-type: none"> Medical Record



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