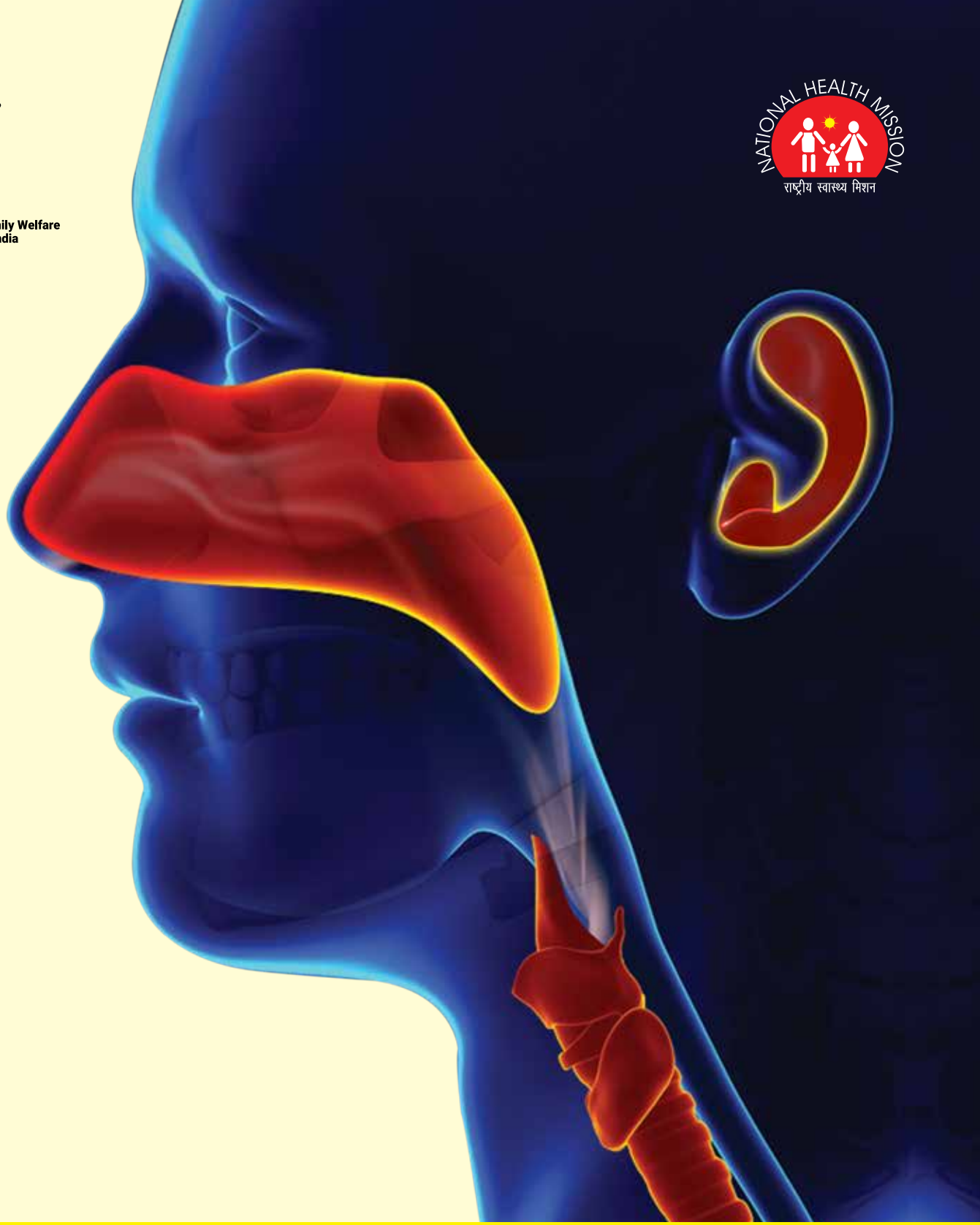
सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन



Training Manual on Ear, Nose and Throat (ENT) Care for Multipurpose Worker

at Ayushman Bharat – Health and Wellness Centres

Training Manual on Ear, Nose and Throat (ENT) Care for Multipurpose Worker

at Ayushman Bharat – Health and Wellness Centres

2021

CONTENTS

01
CHAPTER

INTRODUCTION

Ayushman Bharat initiative was launched as recommended by the National Health Policy 2017 to move from sectoral and segmented approach to a comprehensive needbased health care delivery to achieve the vision of Universal Health Coverage (UHC). Under this scheme, 1,50,000 Health and Wellness Centres (HWCs) were proposed to be operationalised by transforming existing Sub Centres and Primary Health Centres which would deliver Comprehensive Primary Health Care (CPHC) covering maternal and child health services, communicable and non-communicable diseases, including free essential drugs and diagnostic services.

Problems related to the Ear, Nose and Throat (ENT) constitute the bulk of the patients visiting the Outpatient Department. Owing to availability of large number of home-based remedies, patients suffering from the common ENT problems seek medical care less frequently. This, along with limited access to health care professionals trained in proper ENT care, often delays the initiation of correct diagnosis and treatment.

The common ear problems include ear wax (18.7%), Chronic Suppurative Otitis media (5.4%), dry perforation of Tympanic Membrane (0.6%), Congenital deafness (0.2%) and age-related hearing loss i.e., presbycusis (10.5%).

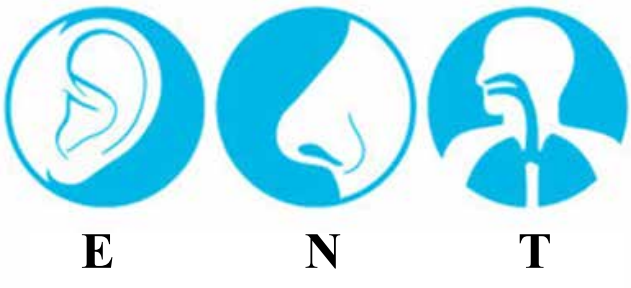
The National Programme for Prevention and Control of Deafness (NPPCD) was launched with a purpose of early identification, diagnosis, and treatment of ear problems responsible for hearing loss and deafness. Under the programme, training of health personnel, screening camps for deafness, provision of hearing aids, screening at schools etc. were undertaken to reduce the burden of hearing loss. However, basic ENT services were not available at health care facilities at the grassroot level, thus increasing patient load in tertiary health care facilities.

Under the Ayushman Bharat Scheme, delivery of basic ENT services has been included in the package in HWCs, thus bringing comprehensive care closer to the community. Focus is on training ANM and CHO in providing ENT services at the SHC-HWCs.

This module will guide you and provide you with new information and skills related to ENT care.

This module has three parts:

1. Protocols for detection and action for common ENT problems at primary care level.
2. Health promotion activities for health of ear, nose and throat.
3. Roles and responsibilities of the MPW/ANM in ENT services.



02
CHAPTER

UNDERSTANDING THE EAR

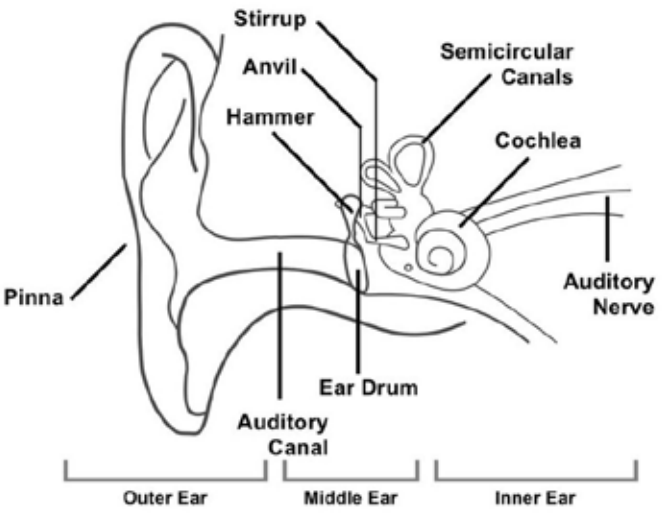
Structure

The ear is made up of three parts:

Outer ear: earlobe and ear canal – ends with a cover called the ear drum

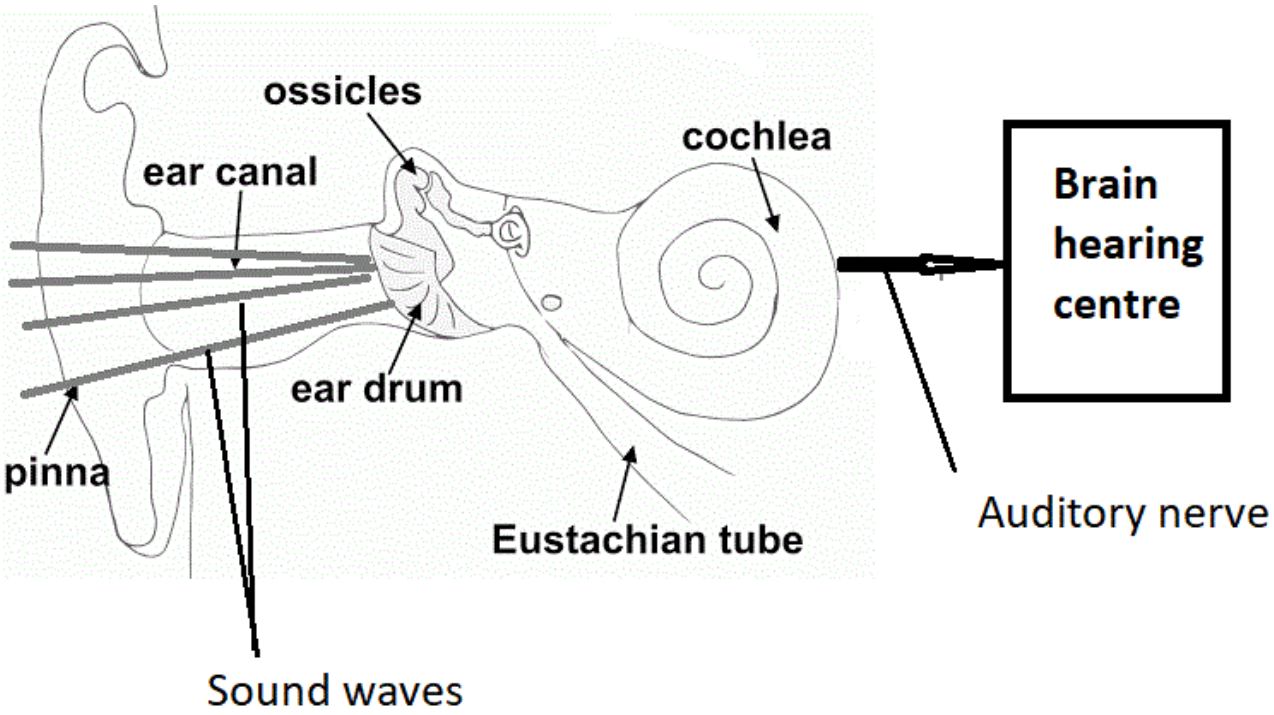
Middle ear: is a closed box-like structure – starts from the ear drum and contains three small bones attached to each other

Inner ear: it is the inside-most part of the ear which has the hearing centre called the cochlea and the balance canals called the semi-circular canals.



How does the ear function?

Sound waves enter the ear through the ear lobe and ear canal and hit the ear drum. These cause the ear drum to vibrate. The vibrations cause the small bones to carry the sound to the cochlea in the inner ear. These send a message to the brain which then resends a message explaining the sound.



03 CHAPTER

EXAMINATION OF EAR, NOSE AND THROAT

To undertake and record an ear examination, you will need

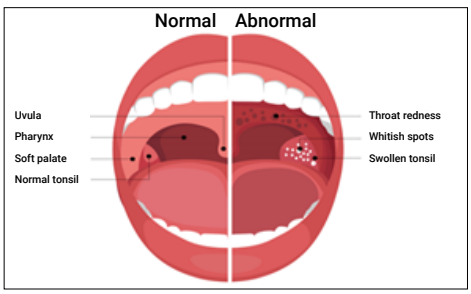
- A torch
- Pen and record card

Preparation

- Find a space which has proper light.
- Make the person sit comfortably.
- Explain to the person what you are going to do.
- Record the name, age, sex, address, and date.

Method

- Greet the patient and find out their main complaint, duration, and any other associated predisposing factors.
- Record if they say they have any symptoms of the ear, nose or throat like pain, loss of hearing, injury, difficulty in swallowing, difficulty in breathing, bleeding from nasal cavity, or anything else indicating disease.
- Examine the person's ears. The pinna should be normal in shape and size and there should be no visible discharge coming out from the ear. Now pull the pinna outwards and upwards to view the ear canal with a torch. There should be no discharge, pus, blood, boil or swelling.
- Examine the person's nose. Lift the tip of the nose to view the nasal cavity. There should be no swelling, blood, pus, or discharge.
- Examine the person's throat. Ask the person to open their mouth wide and say "Aah". This will open up the throat and you will be able to see the tonsils, soft palate, uvula and pharynx. There should be no swelling, redness, or pus.
- In all the three examinations, look for the following:
    - Any kind of discharge – pus, clear fluid, blood etc.
    - Any kind of foreign body – visible as it is or with help of a torch.
    - Any sign of inflammation – redness, warmth, swelling, pain.
- Record what you see under examination of ear, nose and throat separately.



04 CHAPTER COMMON ENT COMPLAINTS AND HOW TO APPROACH THEM

1. EPISTAXIS (NOSEBLEEDS)

Epistaxis, or bleeding from the nose, is a common complaint, especially during summers. In majority of cases, nosebleeds are self-limiting and spontaneous, but it may be of significant concern if they are recurrent, massive or occurring in children.

Based on the site of bleeding, it is classified as:

a) Anterior bleeds: Most common and relatively easier to control. Occurs as bleeding from the nose.

b) Posterior bleeds: Less common. May cause profuse bleeding. More difficult to control. Usually occurs as bleeding from mouth.

Causes

a) Local causes: fingernail trauma, inflammation, tumours

b) Systemic causes: hypertension, liver disease, kidney disease, blood-thinning drugs

c) Idiopathic or reason unknown

Management at your level

a) Ask for the following: Duration of current episode, previous history of similar episodes, trauma, bleeding elsewhere in the body, chronic liver disease, any drug intake, family history, chronic alcohol intake. Note down the relevant details.

b) Examination:

   i. Examine the nasal cavity using a torch to locate the site of bleeding.

   ii. Record the blood pressure since sudden rise in blood pressure can also cause nosebleeds

c) Management of epistaxis:

Mild anterior epistaxis cases usually resolve with the primary care management. Moderate to massive anterior bleeding as well as posterior nasal bleeds must be referred to a facility with specialist.

- For mild bleed: Immediate relief can be obtained by tilting the head forward and pinching the nostrils together for 10 minutes. If it continues bleeding, pinch nostrils together for 10 more minutes.
- For moderate bleed: Refer the person to the SHC-HWC where you will assist the CHO in the following management:

- Make sure the person is relaxed. Check whether the bleeding is anterior (bleeding from nose) or posterior (bleeding from mouth).
- Make him/her sit upright with head slightly bent forward.
- Ask the patient not to blow through his nose.
- In case of anterior bleeds, apply pressure on the bleeding side of the nose for 10 minutes.
- If bleeding does not stop, apply a combination of topical anaesthetic, such as 2% lidocaine and vasoconstrictor and wait for 10 minutes. Soak cotton balls in a mix of 2% lidocaine and 1:1000 epinephrine. Put 1-2 cotton balls into the bleeding nostril. (If bleeding is not clearly unilateral, put cotton balls into both nostrils.) Place a dry cotton ball at the nostril opening to prevent leakage and dripping. Leave the cotton balls in place for 10 minutes.
- Cold fomentation/ice packs are to be placed over both sides of the nose.
- If the bleeding still does not stop, or in case of posterior bleeds, pack the nose and refer to higher centre for appropriate care.
- Antibiotics may be given to prevent infection (sinusitis) if pack is to be kept beyond 24 hours.
- If bleeding is severe or the person is unconscious, call an ambulance and refer immediately to the District Hospital where ENT surgeon is available.

Indications for referral

i. High BP at presentation

ii. Epistaxis not controlled with local pressure for over 20 min

iii. Massive blood loss

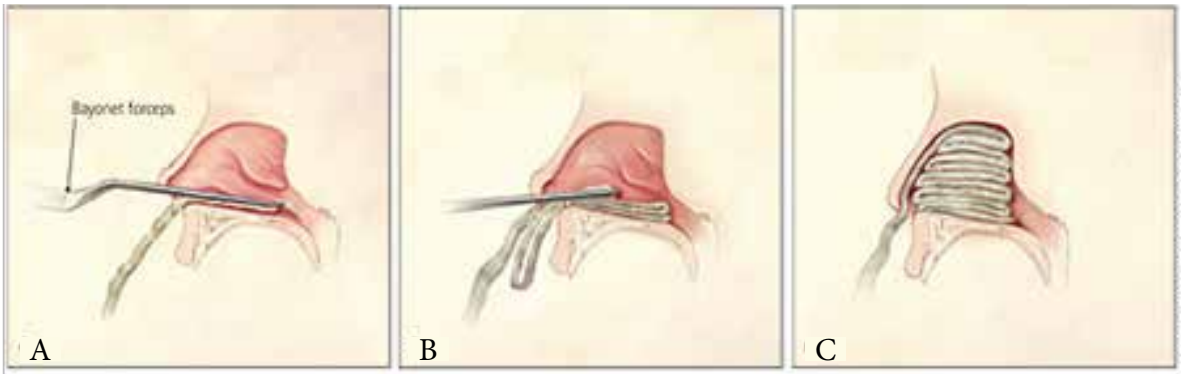
iv. Bleeding following trauma to the face, with suspected facial fractures

v. Other comorbidities requiring appropriate cross consultations

vi. For posterior nasal packing in case of posterior epistaxis

ANTERIOR PACKING OF THE BLEEDING NOSE

Indication: Controlling nosebleeds which are not controlled by pressure or lignocaine.
Tools needed: Gloves, 2% lignocaine jelly, lubricants such as petroleum jelly, Gauze ribbon, forceps, etc.
Procedure:
Make the patient sit up with a back rest.
Apply local anaesthetic such as lignocaine 2% to the nasal mucosa.
Prepare a long ribbon gauze piece and smear it with abundant lubricant such as petroleum jelly.
Using the help of a scalpel, the gauze pieces have to be layered one upon each other, packing it from anterior to posterior, as depicted in the diagram below.
The gauze should be pushed in as far back as possible. Packing is continued until the anterior nasal cavity is filled.



MPW/ANM RESPONSIBILITIES IN MANAGING NOSEBLEEDS

Administer first aid to any case of nosebleeds brought to the centre.

Check for high blood pressure or any other injury.

If nosebleed does not stop after 15 minutes, support CHO to refer to higher centre.

Follow up all cases that are referred or treated.

During health education, focus on awareness for how to prevent nosebleeds by avoiding picking of the nose and to use vaseline during summer and dry season.

Keep records of all cases and report on a monthly basis to the PHC.

2. UPPER RESPIRATORY TRACT INFECTIONS

Most people develop an acute respiratory tract infection (RTI) every year. Upper respiratory tract infections (URIs) are one of the most common reasons for seeking Outpatient medical care, especially amongst children. Because the vast majority of these are viral infections, the use of antibiotics to treat URIs is usually not recommended and symptom-based treatment is practised. However, certain conditions which need antibiotics include:

- If the patient has symptoms and signs suggestive of serious illness and/or complications (particularly pneumonia, tonsillar abscess, etc.).
- All cases of bacterial infection like acute tonsillitis, sinusitis.
- If the patient is at high risk of serious complications because of pre-existing conditions like heart, lung, kidney, liver disease.
- Young children who were born prematurely or patients older than 65 years with serious diseases.

Types of URIs:

1. Sinusitis
2. Rhinitis – may be viral (common cold), allergic or atrophic rhinitis
3. Pharyngitis
4. Tonsillitis (discussed in the next section)

Clinical features

SINUSITIS Facial pain or sinus pain; Purulent nasal drainage; Fever; Stuffy / blocked nose.	**PHARYNGITIS** Sudden onset of sore throat; Pain in throat; Fever, malaise.
RHINITIS Simple viral rhinitis: Watery nasal discharge; Watering from eyes; Nasal stuffiness; Malaise, fever and headache. Allergic rhinitis: Frequent bouts of sneezing – about 10 to 20 sneezes continuously; Itching of nose, eyes, ears, palate; Watery nasal discharge; Blockage of nose; Watering from eyes with redness & itching. Atrophic rhinitis: Greenish crusts present in nasal cavity; Foul smell from nose and patient not aware of it; Nasal blockage, roomy nasal cavity, nasal deformity, history of maggots.	

Management at your level

Most cases of rhinitis and pharyngitis are viral and will need only symptomatic treatment, if any. You should counsel the patient about the following for treatment and prevention of these diseases.

1. Drink plenty of water and get enough rest.
2. Sniff a little salt water into the nose, or inhale steam from hot water to clear the nose.
3. No special diet is needed. However, eating oranges, tomatoes, and other fruit containing vitamin C may help.
4. Do not take antibiotics if not prescribed.
5. Contrary to popular belief, colds do not happen from getting cold or wet (although getting very cold, wet, or tired can make a cold worse). A cold is 'caught' from others who have the infection and sneeze the virus into the air.
6. To keep from infecting others with cold, the sick person should eat and sleep separately and take special care to be away from small babies. He should cover his nose and mouth when he coughs or sneezes and wash his hands as often as possible.
7. Simple medicine such as Paracetamol helps lower temperature and relieves body aches and headaches. The expensive 'cold tablets' are not better.
8. Wipe a running or stuffy nose but try not to blow it. Blowing the nose may lead to earache and ear infections.

Note: If facial pain/sinus pain is lasting for more than 1 month than it is known as chronic sinusitis, for which you have to refer the patient to a higher centre for further management and treatment. Follow-up is the key here.

MPW/ANM RESPONSIBILTIES IN MANAGING URIs

Identify the type of URI when the patient comes to the clinic or you see a case in the field.
Provide general symptomatic treatment for the fever, runny nose, and headache.
Advise rest, steam inhalation, drinking warm fluids and good nutrition.
If suspecting a bacterial infection, inform the CJO who will refer to the MO to initiate antibiotics.
Once prescribed, you can ensure that the patient gets and takes the antibiotics correctly and completes the course.
Follow up all the cases treated with antibiotics and all chronic cases.
Conduct health education session to prevent colds and raise immunity through good nutrition and regular health check-ups.
Keep records updated.

3. ACUTE TONSILLITIS

Tonsils are a pair of special tissues situated at the back of the throat. Often, especially in children, they get infected and inflamed, leading to a condition known as Tonsillitis.

Clinical features

Symptoms:

- Sore throat
- Difficult or painful swallowing
- Fever
- Earache
- Change in voice
- General symptoms like headache, body ache etc..

Signs:

- Red and swollen tonsils. May be studded with follicles or membrane. (White or yellow coating or patches on the tonsils)
- Enlarged, tender glands (lymph nodes) in the neck

Management at your level

Most of the cases with tonsillitis can be managed by medicines alone. The usual line of treatment in uncomplicated cases includes:

1. Tab. PCM
2. Antibiotics like Amoxicillin (which can only be prescribed by a doctor)
3. Warm Saline Gargles/Potassium permanganate gargles (Condys mouth wash), 3-4 times a day

Some patients may need to undergo surgery for cure: repeated infection of throat (7 or more episodes in 1 year or 5 episodes per year for 2 years or 3 episodes per year for 3 years), or if the swollen tonsils cause airway obstruction, difficulty in swallowing/speaking and cases who do not respond to antibiotics

MPW/ANM RESPONSIBILTIES IN MANAGING ACUTE TONSILLITIS

Check the throat of all those who complain of sore throat or difficulty in swallowing.
Advise hot saline water gargles and to avoid cold, oily or spicy food.
If tonsils are inflamed or there is an exudate, the patient will require antibiotics. Inform the CHO who will refer the patient to the MO-PHC to initiate antibiotics. Ensure that the patient is taking the full course of antibiotics and other medicines prescribed.
Follow up all the cases. If there is no improvement in a week, then inform CHO and refer the case back to higher centre where there is an ENT specialist.
During health education sessions, emphasise importance of avoiding dust, keeping the throat moist by sipping water often and maintaining good personal hygiene.
Keep records of all cases updated.

4. ACUTE EPIGLOTTITIS

It is a very serious/dangerous condition which mostly affects children of 2-7 years of age. It is caused by bacterial infection of the lower airway (larynx), which causes the airway to swell up and leads to obstruction and difficulty in breathing.

Clinical features

- Sudden onset of symptoms
- Difficulty in breathing
- Noisy breathing
- Very high fever
- Sore throat and difficulty in eating (in adults)

Management at your level

Children with this infection must be hospitalised because there is danger of respiratory obstruction and death. The child might be unable to swallow so intravenous fluids and antibiotics have to be started urgently. Immediately inform the CHO who will refer the child to a higher centre where ENT specialist or paediatrician is available.

MPW/ANM RESPONSIBILTIES IN MANAGING ACUTE EPIGLOTTITIS

If you see a child with breathlessness, noisy breathing, and fever, immediately inform the CHO who will refer the patient to an ENT specialist to initiate treatment.
Follow up once the child returns from the facility to ensure that he/she is taking the full course of antibiotics and other medicines prescribed.
Follow up all cases. If there is no improvement in a week, then inform CHO and refer the case back to higher centres where there is an ENT specialist.
During health education sessions, emphasise maintaining good personal hygiene.
Pentavalent vaccine (given at 6, 10 and 14 weeks of age) is protective against this disease. Ensure that all children are fully immunised.
Keep records of all cases updated.

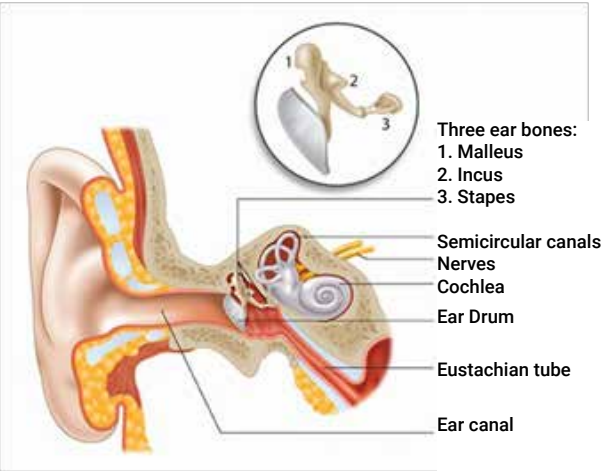
5. EARACHE (OTALGIA)

Pain in the ear is known as Otalgia. It is a symptom. It is essential to find its cause before a specific treatment can be started. It most commonly occurs during childhood but it may also occur in adults.

Causes of otalgia

a) Primary otalgia (most common):
The cause of the pain exists within the ear itself, e.g., external otitis, otitis media, mastoiditis, impacted wax etc.

b) Secondary (referred) otalgia:
The ear is innervated by many nerves, namely the cranial nerves number V, VII, IX and X. Any abnormal stimulation of any branch of the above-mentioned nerves leads to pain in ear. E.g., problems in the teeth, jaw, trigeminal neuralgia, intracranial lesions, etc.



Management at your level

Refer any case of earache to the CHO at SHC-HWC and assist the CHO in the following management:

- Carry out a thorough general and systemic examination, including ear, oral and throat examination.
- It is important to find out the underlying cause before starting any specific treatment.
- Look for signs of infection/trauma around the ear.
- If there are secretions in the ear canal, mop them clean with a sterile gauze piece.
- Put antibiotic ear drops such as Ciprofloxacin ear drops, 2 drops at a time, 2-3 times a day **only when no discharge is coming out from ear.** In case of active discharge, the possibility of ear perforation may be there, so keep the ear dry.
- For reducing pain, start Paracetamol 25-30 mg/kg/d in three divided doses.
- Follow up after 5 days to assess response to treatment.

Indications for referral to ENT specialist

- Any severe acute pain needs referral after giving painkillers.
- Chronic pain (i.e. pain lasting >2 weeks), especially if associated with other head/neck symptoms.
- Swelling/other signs of inflammation at external auditory canal.
- Patient having high grade fever/appearing toxic.
- Earache following trauma.
- When no apparent reason for earache can be found even after taking thorough history and examination.

6. OTITIS EXTERNA (EXTERNAL EAR INFECTION)

Otitis externa is an inflammatory process of the external ear canal. It is most commonly caused by infection (usually bacterial, although occasionally fungal), but it may also be associated with a variety of non-infectious systemic or local dermatologic processes.

Risk factors

i. The ear canal is warm, dark and prone to becoming moist, making it an excellent environment for bacterial and fungal growth.

ii. The canal is easily traumatised in injuries.

iii. Because there is a curve in the canal, anything that goes inside is difficult to come out.

iv. The presence of hair, especially the thicker hair common in older men can lead to infected boils.

Clinical features

i. Severe pain in ear on movement of pinna.

ii. Jaw movements can also be painful.

iii. Swelling of lymph nodes around the neck can also be present.

iv. Diffuse inflammation of ear canal with crusts and discharge from ear.

Management at your level

i. Clean the ear with a dry cotton wick.

ii. An ear pack of 10% ichthammol glycerine provides relief and reduces pain. (Hygroscopic action of glycerine reduces oedema, while ichthammol is mildly antiseptic)

iii. Cap Amoxicillin for 5 days in age-appropriate dosage (can only be prescribed by a doctor – the CHO will consult the MO-PHC for antibiotics)

iv. Tab Paracetamol 500 mg thrice daily for 5days.

MPW/ANM RESPONSIBILTIES IN MANAGING EXTERNAL EAR INFECTION

Diagnose all the cases of ear pain and confirm infection of the outer ear canal.
Clean the ear with a dry cotton wick.
Give symptomatic treatment for pain.
Inform the CHO who will consult the MO-PHC or ENT specialist for confirming diagnosis and initiating treatment.
Follow up all the cases to ensure that they complete the antibiotic treatment. In case there is no improvement after 1 week, inform the CHO who will refer the case back to the ENT specialist.
Maintain updated records.
Advise the community about maintaining personal hygiene and how to clean the ear regularly. Also advise to avoid putting sharp objects in the ear. Clean and dry the ears after swimming.

7. OTITIS MEDIA (MIDDLE EAR INFECTION)

An inflammatory condition of the middle ear space is known as Otitis Media. It is common in infants and children but may also happen to adults. It is usually associated with poor hygiene.

There are two types of otitis media:

1. Acute Suppurative Otitis Media which is an acute bacterial infection of the middle ear
2. Chronic Suppurative Otitis Media which is a result of long-standing infection of the middle ear

Risk factors	Symptoms	Signs
Recurrent attacks of common cold and upper respiratory tract infections; Diseases like measles, diphtheria,whooping cough; Infections of tonsils; Chronic rhinitis and sinusitis; Nasal allergy; Cleft palate (congenital disorder)	Earache – which even disturbs sleep; Reduced hearing; Very high fever; If the ear drum is perforated: Bleeding/pus ear discharge, Tinnitus (ringing sound in the ear) in some cases; Additional symptoms in children – fever/vomiting/ loose motion/ sleeplessness/ constant cry/irritability.	Signs of Upper Respiratory Tract Infection; Tenderness can be present over mastoid region (bony part behind the ear lobe); External auditory canal may contain blood-tinged discharge which may also have pus.
Note: There is a condition known as Serous Otitis Media which has watery discharge from the middle ear. The condition is common in school-going children. Its causes are mostly viral infections and seasonal allergies. It is also present with hearing loss, mild earaches but the symptoms are less severe than Suppurative Otitis Media. This condition can be treated only with nasal decongestants and antiallergic medicines and does not require antibiotics.		

Management at your level

If you suspect Otitis Media, immediately refer the patient to the CHO and assist in the following management:

- Counsel the patient:
  - Keep the ear dry (prevent water from getting into the ear).
  - In case of discharge – dry mopping of the ear with a clean cotton wick.
  - No putting any ear drops or oil into the ear.
- Dry mopping of the ear canal with sterile cotton wick.
- Tab. Paracetemol (500 mg) three times a day OR Syrup Paracetemol 10-15mg/kg bodyweight in 3 divided doses (Paediatric).
- Antibiotics like Amoxicillin or Azithromycin for 5-7 days (can only be prescribed by a doctor; the CHO will consult the MO-PHC for antibiotics).
- Nose drops (1% in adults and 0.5% in children or Xylometazoline or oxymetazoline can be used 2-3 drops thrice a day) to reduce nasal blockage. This can improve symptoms.
- Ear cleaning: If discharge is present, then a sterile cotton can be used to mop it but care to be taken not to put cotton roll inside, only discharging pus needs to be cleaned.
- Dry local heat: it also helps to relieve pain. Take a small hand towel, heat it over tava, and then place it over ear lobe.

When to refer to a specialist

- No improvement or symptoms worsen even after 48 hours of medical treatment.
- Patient develops features like vomiting with headache/facial palsy/dizziness/mastoid tenderness.
- Any other condition is also present such as tonsillitis, rhinosinusitis.
- If foul smelling discharge is present.

MPW/ANM RESPONSIBILTIES IN MANAGING MIDDLEEAR INFECTION

Diagnose all the cases of ear pain and fever toconfirm infection of the middle ear.
Clean ear with a dry cotton wick.
Give symptomatic treatment for pain.
Inform the CHO who will consult the MO-PHC or ENT specialist for confirming diagnosis and initiating treatment.
Follow up all the cases to ensure that they complete the antibiotic treatment. In case there is no improvement after 1 week, inform the CHO who will refer the case back to the ENT specialist.
Maintain updated records.
Advise the community about maintaining personal hygiene and how to clean the ear regularly.
Also advise to avoid putting sharp objects in the ear. Clean and dry the ears after swimming.
Ensure that all children in your area are fully immunised.

8. VERTIGO

Vertigo is a subjective feeling of movement, either of self or the objects around in the environment. Various terms are used by patients to describe this feeling. For e.g., bouncing, oscillating, twisting, rolling, spinning, light-headedness, imbalance, floating, fainting, etc.

It is different from dizziness which occurs due to low blood pressure or weakness. The inner ear is responsible for carrying sound and for maintaining balance. Any disease of the inner ear, therefore, causes a feeling of imbalance. Most of these conditions are treated with specific medicines, but sometimes the underlying cause can also be a tumour (benign or malignant) in the inner ear or in the brain.

Clinical features

The patient complains of:

- Dizziness
- Feeling of rotation or spinning
- Light headedness, faintness, weakness
- May be associated with blurring of vision, syncope or 'blacking out' and imbalance/unsteadiness

Management at your level

- Inform the CHO immediately. The patient will usually be required to be assessed by an ENT specialist.
- Reassure regarding the nature of the disease, avoiding the posture that triggers the symptoms.
- Counsel the patient about:
    - Reduced intake of caffeine/alcohol
    - Avoiding performing tasks which may cause harm to patient such as working on heavy machines, driving, etc.
    - Keeping a note of the medicines being taken and emergency contact numbers in the pocket whenever going out of house alone
- Follow up with the patient once back from the referral facility to ensure compliance to any medicine and any other instructions given by the ENT Specialist.

Exercises are helpful for the patient in regaining the balance and confidence. It is to be done only if advised by the Specialist.

MPW/ANM RESPONSIBILTIES IN MANAGING VERTIGO

Inform the CHO who will consult the MO-PHC and refer the patient to an ENT specialist for confirming diagnosis and initiating treatment.

Follow up all the cases to ensure that the patients complete the prescribed treatment. In case there is no improvement after 1 week, inform the CHO who will refer the case back to the ENT specialist.

Maintain updated records.

Support the patient for any lifestyle modification or exercise that may have been prescribed by the Specialist.

9. HEARING LOSS/REDUCED HEARING

Reduced hearing or loss of hearing (deafness) is a condition where the person is not able to hear anything or can hear only loud sounds. Hearing loss may affect people of any age group.

Some babies are born with deafness (known as congenital deafness) which happens when the mother is exposed to certain infections, medicines, or radiation during pregnancy.

As people grow older, they slowly lose their hearing, usually after 65 years of age, due to physiological ageing process called presbycusis.

Sometimes children and adults may also lose their hearing completely or partially due to various causes like injury-causing rupture of the eardrum, severe infection of the ear, tumour in the ear, sudden exposure to very loud sounds (like explosions) or prolonged exposure to loud sounds (like people working in factories with noise from heavy machinery). Hearing loss can be of three types:

i. Conductive hearing loss (CHL) – middle ear problem

ii. Sensorineural hearing loss (SNHL) – ear nerve problem

iii. Mixed type

Untreated hearing loss affects communication, and, thus, may contribute to social isolation and loss of autonomy. Not being able to hear properly is often associated with anxiety, and depression. Hearing loss in children can affect their growing up, education,

interaction with others and personality development. Hearing loss in old age can impair their quality of life.

Management at your level

It is very important to identify the people with hearing loss in the community and refer them to the CHO at the SHC-HWC.

At the sub centre HWC level, it is important to have a good history of hearing loss. Some of the questions that should be asked and answered are:

a) Onset of hearing loss – from birth or later

b) Hearing loss happened suddenly or gradually

c) Hearing loss is stationary or progressive

d) Any family history of hearing loss

e) Any other ear symptom

f) Any test or treatment done earlier

Since most of the diagnosis and treatment requires a specialist, the CHO and team can only identify that there is some loss and refer the patient to a centre where there is an ENT specialist.

Before referring the person, you can check for the following:

1) Any obstruction in the ear canal – foreign body, wax, etc.

2) Any ear discharge or recent history of injury to the ear.

3) Whether speech is also affected or not.

4) If the hearing is lost for low frequency sounds or high frequency sounds.

5) Any history of taking certain drugs recently.

6) Exposure to very loud sounds – explosion, gun fire.

MPW/ANM RESPONSIBILTIES IN HEARING LOSS

Screening of individuals for hearing loss in the community.
Support ASHA in filling of the Community Based Assessment Checklist for all individuals to identify hearing loss in all individuals above 30 years of age.
Assist RBSK teams to screen children 0-18 years of age for hearing loss through Anganwadi centres, schools, etc.
Inform the CHO of any suspected case of hearing loss and assist referral to an ENT specialist for confirming diagnosis and initiating treatment.
Follow up and support individuals who have been prescribed hearing aid and post-operative individuals in the community.
Maintain updated records.
Inform people with deafness about financial schemes and benefits for their uptake, if found to be eligible.

10. FOREIGN BODY IN EAR

Foreign bodies in the ear are relatively common. Usually, children insert small objects such as small toys, beads, stones, folded paper, and biologic materials such as insects or seeds into their ear, but even adults may present themselves with foreign body in the ear canal.

Classification of Foreign bodies

(a) Living: e.g., Insect, Flies, Maggots

(b) Non - living:

i. Hygroscopic (can expand in moisture): e.g., vegetable, beans, and seeds

ii. Non-hygroscopic: e.g., beads, stones, pebbles, rubber, metallic object

Clinical Features

- History of foreign body entering the ear;
- Ear Pain;
- Tinnitus (ringing sound in the ear);
- Discomfort and complain of nausea or vomiting if a live insect is in the ear canal;
- Hearing loss..

Management at your level

If the foreign body is superficial, visible, and not a sharp object, you may attempt to remove it. Otherwise refer the person to the CHO at the SHC-HWC for removal of the foreign body.

Method of removing foreign body depends on its type.

Type of foreign body	What to use to remove
Soft and irregular like a piece of paper, swab or a piece of sponge	Fine alligator forceps
Smooth objects like beads, stoles, pebbles, rubber, seed grains, metallic objects	Syringing
Insect	First step is to kill the insect with mineral oil or lidocaine Then remove the dead insect with forceps
Sharp object	Refer to the ENT specialist for removal

When to refer to an ENT specialist

- Small child who cannot stay in one position to attempt removal
- Sharp objects
- Objects appear deep in ear canal
- Object appears to be tightly impacted
- Any kind of discharge from the ear
- Previous removal attempt was unsuccessful

11. FOREIGN BODY IN NASAL CAVITY

Sometimes some foreign objects may enter the nose either accidentally, or children may insert objects into their nose. If the object is hygroscopic (eg. vegetable or seed), it can absorb moisture

and swell up and cause difficulty in breathing. The foreign body may even be aspirated into the airway.

Clinical Features

- History of foreign body entering the nose;
- Pain in nose;
- Difficulty in breathing;
- Discomfort and watering of nose and eyes.

Management at your level

- If the foreign body is superficial, visible, and not a sharp object, you may attempt to remove it. Otherwise refer the person to the CHO at the SHC-HWC for removal of the foreign body.
- Forceps may be used to remove the foreign body at the SHC-HWC.
- If the patient is breathless and gasping, call an ambulance and urgently refer to an ENT specialist..

When to refer to an ENT specialist

- Small child who cannot stay in one position to attempt removal
- Sharp objects
- Objects appear deep in nasal cavity
- Object appears to be tightly impacted
- Any kind of discharge from the nose
- Previous removal attempt was unsuccessful

12. FOREIGN BODY IN AIR PASSAGE

Foreign body aspirated into air passage is yet another emergency which may occur in the community or at the HWC. The object can become lodged in the back of the throat, voice box or upper lung tubes called bronchi. It depends on the size of the foreign body. This condition is more common in children (50% of them are below 4 years) but can also occur in adults.

Clinical features:

- Foreign body in the back of throat: there will be an initial period of choking, gagging, and wheezing. Then it may be coughed out or it may be lodged in the larynx.
- Foreign body in voice box (larynx): will have discomfort, pain in throat, hoarseness of voice, cough, and difficulty in breathing, wheezing and coughing blood.
- Foreign body in upper tube (Tracheal): A sharp object will produce cough and hemoptysis (blood in sputum).

Management:

A person can suspect there is a foreign body if there is sudden choking after eating food, or sudden bout of cough, discomfort and difficulty in breathing.

Steps to perform in case of choking:

i. If the person is able to cough forcefully, the person should keep coughing.

ii. If the person is choking and cannot talk, cry or laugh forcefully, the American Red Cross recommends a **'five-and-five'** approach to delivering first aid:

Figure: Showing 'five-and-five' approach in case of choking

a) Give 5 back blows (as shown in image above). Stand to the side and just behind a choking adult. For a child, kneel behind. Place one arm across the person's chest for support. Bend the person over at the waist so that the upper body is parallel with the ground. Deliver five separate back blows between the person's shoulder blades with the heel of your hand.

b) Give 5 abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich Manoeuvre – see page 36 for details).

c) Alternate between 5 blows and 5 thrusts until the blockage is dislodged..

When to refer to an ENT specialist

- If all above methods fail
- If patient is turning blue (facial skin colour turning blue – cyanosis)
- If patient become unconscious
- If suspected foreign body is poisonous
- If patient requires immediate investigation (like X-ray) to locate the position of the object

05 CHAPTER

HEALTH PROMOTION AND PREVENTION OF ENT PROBLEMS

Most conditions of the ear, nose and throat are preventable. It is important to create awareness among the community members regarding harmful practices which can lead to the diseases of ear, nose and throat. Here are some common risk factors of these diseases:

Risk factors for diseases of the ear:

1. Cleaning ear canal with sharp objects like hairpins, toothpicks, etc.
2. Putting oil or any liquid inside the ear.
3. Putting unprescribed medication inside the ear.
4. Using dirty cloth or towel to clean the ears.
5. Swimming in dirty water.
6. Leaving cotton wool or other material inside the ear for prolonged period.
7. Getting exposed to very loud noise for prolonged period or regularly.
8. Untreated infection of the ear for a prolonged period.
9. Injury to the ear leading to rupture of eardrum.

Risk factors for diseases of the nose:

1. Inserting sharp objects inside nasal cavity for cleaning.
2. Using dirty cloth or towel to clean the nose.
3. Picking of nose.
4. Injury to the nose might predispose one to infections.

Risk factors for diseases of throat:

1. Exposure to cold climate.
2. Exposure to allergens like pollen, cotton dust, wood shavings, etc.
3. Chewing tobacco/paan/gutka, smoking.

You must advise people in the community to maintain hygiene of ear, nose and throat. Here are some messages that you can give in the community:

HOW TO MAINTAIN EAR HYGIENE

Personal Hygiene

DO NOT put dirty fingers in ears, wash hands before working with food and do not eat with dirty hand ALWAYS wash your hands after going the toilet

DO NOT swim or wash in dirty water

DO NOT put anything in you ears:

- hot or cold oil
- herbal remedies
- liquids such as kerosene

NOTE : Teach children NOT to put anything in their ears - seeds, beads, stones, sticks.

NOTE:

- ONLY use medicine given by the nurse or doctor at the clinic/hospital and take the correct dosage.
- If there is ears pain or pus is coming out of them send the person to the clinic or hospital. This means the ears are infected and need to be treated by the nurse or a health worker or a doctor.

HOW TO MAINTAIN NASAL HYGIENE

General points of advice during community visit:

1. Always use handkerchief/clean cloth for cleaning nasal secretion.
2. Cover your mouth and nose with a tissue when you cough or sneeze, remember to wash your hands with soap and water after coughing or sneezing.
3. Maintain a little distance (one arm distance), while sneezing, cleaning nose in public or around people.
4. Never put fingers in your nostril, it might cause bleeding from nose (epistaxis), as nose is a very vascular organ.
5. Always consult a doctor during illness, as it may rapidly infect other family members and might be serious for small children.

STEAM INHALATION

Steam inhalation is beneficial and one of the common home remedies used in our country. But there is some caution to be taken:

1. Never leave children alone for it, they might get burns
2. Never come too close to hot water bowl
3. Take vapours both from the nose and mouth

HOW TO MAINTAIN
THROAT HYGIENE

Manypeople complain that they have an irritation in the throat. It feels like something is scratching the throat. The cough is rare and dry. They do not have pain, but their voice can get hoarse.

There are many causes of irritation – it can be due to bacteria or viral germs. It could also be because of allergies to dust. Many times, it is due to gastric acidity which causes reflux into the throat.

How to Reduce Irritation That Triggers Coughing:

1. **Drink lots of fluids:** The most important thing you can do is to drink plenty of water to reduce dryness of your throat. Drink at least 1 and a half litre of water each day, that is about 6-8 glasses of water. Avoid tea, coffee, or soft drinks as they usually contain caffeine..
2. **Breathing:**
    a. Sit and stand in good posture – that is, neck and back straight and your chin gently tucked in. This opens your airway, makes breathing easier and allows you to relax the throat.
    b. Avoid bad posture. When you sit or stand in a lazy posture your shoulders tilt forward and your head tilts back and your chin lifts slightly. This puts pressure on your throat, vocal cords, and neck. It can increase irritation and put strain on your voice.
    c. Breathe through your nose. Mouth breathing dries your throat. Breathing through your nose cleans, warms, and moistens the air before it reaches your throat and vocal cords..
3. **Talking:**
    a. Limit harmful voice use, such as shouting, grunting, or screaming. Talking, laughing, or singing too loudly can also damage your vocal cords.
    b. Try not to speak over other noise such as television or music or around machinery such as a lawnmower.
    c. Do not whisper, as whispering increases air pressure in your vocal cords and may irritate your throat.
    d. Use your natural voice, not too high, not too low, and not too loud.
    e. Limit coughing and clearing your throat. Sometimes coughing can be excessive and clearing the throat can become a habit. When you cough and clear your throat it puts too much force on your throat and vocal cords.
4. **Everyday**
    a. Avoid chewing tobacco/paan/gutka, smoking cigarette/bidi etc.
    b. Limit intake of caffeine-containing drinks as caffeine can increase dryness and irritation in the throat.
    c. Do not smoke, avoid smoky environment, and do not drink alcohol. It also increases the likelihood of heartburn, which can also damage the throat and vocal cords.
    d. Do not use mouthwash that contains alcohol as this will dry your throat.
    e. Remember to drink plenty of water every day.

RAISING AWARENESS IN COMMUNITY REGARDING DEAFNESS

People with hearing loss are often left out in the community. It is necessary to make the community aware of how to help people with hearing loss. You must encourage them to take the person with hearing loss to have their ears examined and tested.

Public awareness campaigns could create a better understanding of hearing loss and the disability that it causes:

- Local clinics could display posters/pictures about hearing loss and ear care to raise awareness amongst patients.
- Communities should be encouraged to have a 'Healthy Ear Day' to raise awareness in the community.
- Visit schools and talk to teachers and learners about hearing loss and its causes and effects. They should encourage activities such as designing posters to raise awareness and playing "What can you hear?" games to find out if any of the children may have a hearing loss.
- Tell teachers about hearing loss and encourage them to include this in their teaching programme.
- Explain to teachers what to look for in children with hearing loss and refer the children with possible hearing loss for treatment.
- Encourage people with hearing loss to have their ears checked and their hearing tested.
- Raise awareness in the community by speaking to social, religious, and other groups about hearing loss.
- Encourage parents and teachers to use sign language with deaf and hard-of-hearing children.
- Encourage the inclusion of hearing-impaired people in the workplace, in education and in society.
- Encourage and support hearing-impaired people to form support groups for themselves and their families.

06 CHAPTER

SERVICE DELIVERY FRAMEWORK: PROVIDING ENT CARE AS A TEAM AND KEY TASKS OF ANM/MPW

In earlier chapters, you have learnt about your specific role related to several disease conditions of the ear, nose and throat. In this chapter, you will learn what tasks are expected of you in primary ENT care services. You will now learn about services available at referral facilities and role of different service providers. You will find that many points that have been highlighted are repeated here, but this will help you to understand and plan your day-to-day work.

Service delivery framework for providing care for ENT-related disorders

As you know, provision of health care services to the community is a teamwork. You would need to know about the roles of other team members – ASHA, CHO, PHC team and service providers at secondary care facility in order to provide correct information to the community members.

What are the roles of other members of Primary Health Care Team at SHC-HWC?

1. ASHA: She will identify and list the individuals in the community having complaints related to ear, nose, and throat. She will identify individuals with hearing loss while filling up the CBAC form. She will mobilise people for screening camps, mobilise mothers/caregivers for getting their children screened through RBSK. She will create awareness in the community regarding healthy habits of the ear, nose and throat and prevention of diseases. Along with the ASHA facilitator, she will help in providing community-based rehabilitation, social acceptance and vocational training and inclusive education for hearing-impaired patients..

2. Community Health Officer: The Primary Health Care team will be led by a Community Health Officer (CHO) at HWC-SHC. The key role of CHO is maintenance of register for hearing-impaired, compilation and validation of data collected by ASHA, conducting monthly meetings with ASHAs/AF/ANM/MPW, screening of target population for common ENT conditions, including deafness, health promotion with special focus on ENT care, referring cases of hearing impairment to the specialist ENT surgeon in consultation with PHC-MO, providing counselling and support for hearing aid users, dispensing the medications prescribed by PHC-MO or specialist, referral of cases as appropriate and providing follow-up care in coordination with (ASHAs) and MPWs/ANM.

3. PHC: CHO at SHC-HWC will refer the individuals with any signs and symptoms of loss of hearing and other complicated cases of ENT to Medical Officer at PHC for diagnosis. PHC-MO will confirm the diagnosis and provide treatment for common ENT conditions/infections, primary care for trauma, referral of cases with hearing impairment to ENT surgeon for further assessment and confirmation, disability certification, outreach activities (planning, monitoring wellness clinics/community workers and co-ordination with district hospitals).

The specialists at higher health facilities would prescribe a treatment, which would be continued at SHC level. The patient would need to visit the specialist or MO as per the instructions provided.

4. Key roles and responsibilities of ANM/MPW

As we are committed to provide quality comprehensive health care at HWCs, you play a crucial role in providing basic ENT services at SHC-HWC and in the community. You will support the ASHA in carrying out screening and awareness-generation activities in the community. You will continue to use Home Visits, Village Health Sanitation and Nutrition Day (VHSND), Urban Health Sanitation and Nutrition Day (UHSND), meetings of Village Health Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samiti (MAS) and health promotion campaigns. Using these platforms, you would undertake activities of health promotion related to care of ear, nose and throat, early identification and referral, and ensuring adherence to treatment..

You will also assist the Community Health Officer in the SHC-HWC to undertake the following activities:

- Screening for common disorders of the ear, nose and throat in patients attending SHC-HWC
- Early identification of cases at the SHC-HWC
- Distributing medicines to patients with ENT disorders at the SHC-HWC
- Refer cases that cannot be managed at the primary level
- Follow up of referred case when they return from the referral facility to ensure compliance with treatment and re-referral if necessary
- Diagnose, treat, or refer cases of ENT disorders during home visits

List of services to be provided at Community and SHC-HWC level

Community Level		
Services	**Preventive and Curative care activities**	**Responsibilities**
Community-based services for ENT care and Counselling and support for care seeking for disorders of ear, nose and throat	▪ Awareness generation on common disorders of ear, nose and throat and the need for early care-seeking through VHSNC/MAS, VHSND/ UHSND and other community-level meetings. ▪ Providing information about availability of services related to ear, nose and throat disorders at different levels of health care. ▪ Identification/mobilisation of patients with ear, nose and throat diseases to attend the SHCHWC. ▪ Follow-up with the patients to ensure compliance to treatment.	ASHA with support/ guidance of the ASHA Facilitator (AF)

Screening for hearing impairment	▪ By ASHA: Screening for hearing impairment and Presbycusis while filling Community Based Assessment Checklist for all individuals above 30 years of age. ▪ Follow up of hearing-impaired patients who have been prescribed hearing aid. ▪ Under the RBSK, all children are screened for visual acuity at school and Anganwadi levels. ▪ To inform people with deafness about financial schemes and benefits for their uptake, if found to be eligible. ▪ Record-keeping: Maintaining a list of individuals with hearing impairment in the community. ▪ Undertake rehabilitation and counselling of hearing-impaired individuals.	Primary Health Care team (in coordination with RBSK team, wherever needed)
Community screening for congenital disorders referral	▪ Encourage hearing examination for all children within 30 days of their birth through RBSK.	Facilitated by ASHA/AF
SHC-HWC level		
Services	**Preventive and Curative care activities**	**Responsibilities**
Care for common ENT problems	▪ Primary management of common conditions of the ear nose and throat – Common colds, Acute Suppurative Otitis Media (ASOM), pharyngitis, tonsillitis, epistaxis, foreign body removal. ▪ Referral of complicated cases to the MOPHC or ENT specialist as required. ▪ Early detection of hearing impairment and deafness with referral to ENT specialist. ▪ First aid for injuries/stabilisation and then referral to the MO-PHC or ENT specialist.	CHO/ANM

Where Referral is a must:

Refer immediately to ENT Surgeon District Hospital/Medical College Hospital (CHO will make the referral, you will facilitate the referral) in the following cases:

- History of foreign body ingestion/inhalation followed by respiratory distress/dysphagia/ vomiting.
- History of foreign body in ear or nose.
- Ear discharge with fever/giddiness/headache/vomiting/blurring of vision/loss of consciousness.
- Watery discharge from nose following trauma which increases on bending down or coughing.
- Inability to open mouth.
- Severe trauma to ear or nose resulting in uncontrolled bleeding..

ANNEXURE - 1

SKILLS REQUIRED IN PROVIDING BASIC ENT CARE

How to perform basic ENT clinical examination:

Wash your hands with soap and water before starting any examination. Use a torch to examine the ears, nasal cavities, and throat.

- Ear examination: Hold the upper outer part of the pinna with your thumb and index finger and pull outwards and upwards to see the ear canal. Examine for any redness/swelling, presence of any blood or discharge, wax or foreign body.
- Nasal cavity examination: Place the tip of your thumb on the tip of the patient's nose, index and middle fingers on the patient's forehead and pull the nose upwards gently. Examine for any redness/swelling, presence of any blood or discharge, or foreign body.
- Throat examination: Ask the patient to open his/her mouth wide, protrude the tongue and say "Ah". Examine for any redness/swelling of the throat, presence of any blood or discharge, or foreign body.

How to use nasal drops:

- Ask the patient to blow nose gently
- Wash the hands thoroughly with soap and water
- Check if the dropper tip is not chipped or cracked
- Avoid touching the dropper tip against the nasal mucosa
- Tilt patient's head as far back as possible, or make the patient lie down on the back on a flat surface (such as a bed) and hang the head over the edge
- Put the correct number of drops into the lower part of the nose
- Bend the head forward towards knees and gently move it left and right
- Remain in this position for a few minutes
- Clean the dropper tip with warm water and cap the bottle right away
- Wash your hands to remove any medication

How to use ear drops:

- Make the patient lie down or tilt the head with the affected ear facing upwards.
- Open the ear canal by gently pulling the ear upwards and backwards. This straightens the ear canal.
- Clear any visible superficial discharge.
- Hold the dropper of the medicine upside down over the ear and put the recommended number of drops into the ear.
- Avoid touching the dropper tip inside the ear, as it may get contaminated.
- After use, wipe the tip with a clean tissue. Do not wash with water or soap.
- Advise the patient to stay in the position for at least 15 minutes. A small piece of cotton may be used to plug the ear.

Dry Mopping of ear:

- Clean the ears only with a dry mop when the ear is discharging.
- When the ear is dry it must not be cleaned with a dry mop.
- A dry mop is not the same as a 'cotton bud'.
- 'Cotton buds' must never be used to clean the ear canals as they are too big and the cotton wool is small or large to fit into the canal.

How to make a dry mop:

- Wash your hands with soap and water and dry them.
- Pull off a small piece of cotton wool.
- Gently pull it out into an oval shape.
- Put the tip of the stick into the centre of the cotton wool.
- Twist the stick round and round with one hand whilst holding half of the cotton wool tightly against the stick with the thumb and index finger of your other hand.
- Half of the cotton wool should extend from the end of the stick and form a fluffy, soft tip.
- The rolled-up piece of cotton wool should be long enough so that when the soft tip is deep in the ear canal and next to the eardrum there is still some cotton wool sticking out of the ear canal.
- This is so that you can hold onto the cotton wool and ensure that the cotton wool comes out of the ear canal.
- After completing dry mopping, wash your hands again.

How to make a wick:

- Make a wick by rolling the cloth or the tissue paper into a pointed shape.
- Gently pull the ear upwards and outwards. This helps straighten the ear canal.
- Place the wick into the ear canal. It will absorb any discharge or blood in the ear canal.
- Leave it in place until it is wet.
- Remove the wet wick and inspect it. Is there pus on the wick?
- Replace with a clean wick.
- Repeat until the wick is dry.

ANNEXURE - 2

COMMONLY-USED ENT MEDICINES IN SHC-HWC

1. **Saline nasal drops – Sodium chloride (0.5% w/v)**
   Use: It is used in cases of rhinitis and helps remove allergens, mucus, and crusting.
   Dose: 2 drops in each nostril, 2-3 times a day.

2. **Xylometazoline 0.1% nasal drops**
   Use: Used in stuffy/blocked nose caused by conditions such as common cold, sinusitis and allergies.
   Dose: 2-3 drops in each nostril 2 times a day.
   Side effects: Temporary burning, stinging, dryness in the nose, and sneezing.

3. **Wax-solvent ear drops:**
   Use: These are sodium – bicarbonate drops used to treat earwax build-up in the ear. It helps to soften, loosen, and remove earwax.
   Dose: 4-5 drops in each ear, once a day. The patient must lie down for at least 15-30 minutes. It may be repeated after a week if no relief.
   Side effects: A foaming or crackling sound in the ear after using the ear drops; temporary decrease in hearing after using the drops; mild feeling of fullness in the ear; mild itching inside the ear.

4. **Cetirizine syrup/tablets**
   Use: To relieve the symptoms of allergic rhinitis.
   Dose: The usual adult dose is 5-10 mg once a day.
   Side effects: Common side effects of cetirizine include dizziness, drowsiness, tired feeling, dry mouth, etc.

5. **Boro spirit ear drops**
   Use: Used in ear infections such as otitis externa or in cases with trauma/boil in the ear canal causing pain. It works by stopping the growth of bacteria and fungus.
   Dose: 3-4 drops in the affected ear 3-4 times a day.

6. **Amoxicillin – Syrup/tablets**
   Use: It is an anti-bacterial drug used in Acute Otitis Media, sinusitis, tonsillitis, etc.
   Adult Dose: 500mg, thrice a day.
   Side effects: Nausea, vomiting, diarrhoea, and rash.

7. **Combo ear drops (Chloramphenicol + Clotrimazole + Lignocaine hydrochloride)**
   Use: It is a combination of antibiotic, antifungal and local anaesthetic, can be used to treat a variety of ear infections such as otitis media/externa, fungal infection of the ear, etc.
   Dose: 4-5 drops in the affected ear, 3-4 times a day.
   Side effects: itching in the ear, mild stinging/burning sensation.

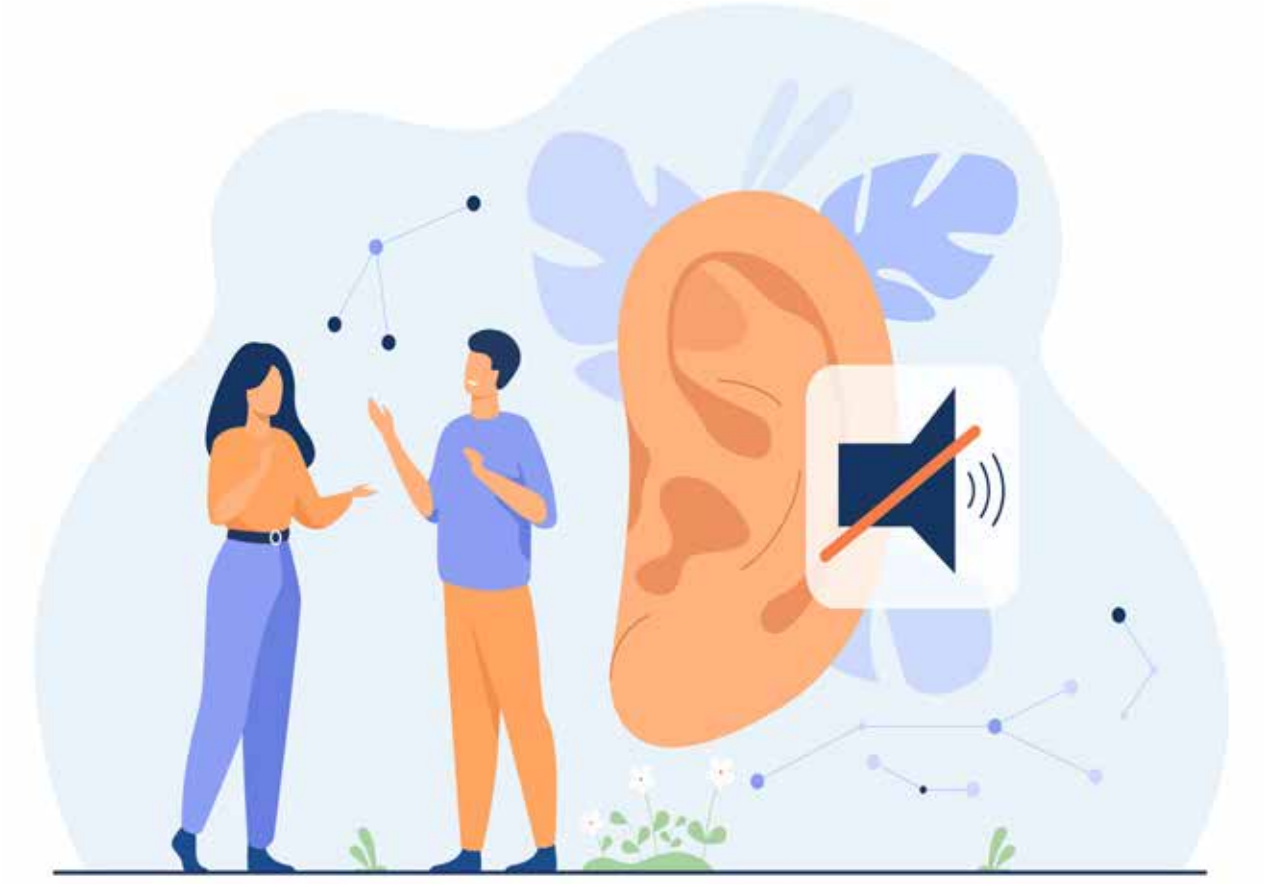
8. **Liquid paraffin – menthol drops**
   Use: It is used to treat stuffy/blocked nose.

ANNEXURE - 3

HOW TO COMMUNICATE WITH PEOPLE WITH REDUCED HEARING/HEARING LOSS

Some ways people can help the children or adults who cannot hear well are:

1. Let the person see your face when you speak to them.
2. Make sure there is good light for the person to see your face.
3. Get the person's attention before you speak to them.
4. Try to make sure there are no distractions – especially loud noises.
5. Speak clearly and slowly.
6. Do not shout or make exaggerated movements.
7. Repeat (say again and again) things many times slowly.
8. Use gestures, drawings, pictures – point at things.
9. Do not over protect the person – they should be encouraged to mix with other people.
10. Point to your lips so that they learn to watch how the words are formed – this encourages lipreading.
11. Stand close to the person when you speak.
12. If the person has a hearing aid he/she should learn to use it.



ANNEXURE 4

SCREENING FOR COMMON ENT CONDITIONS

The most important ENT condition which is widely screened for is deafness or hearing loss. Hearing loss is a condition which is prevalent in all age groups. Hearing loss may be congenital (present at birth) or acquired later in life. Both these types of hearing losses are preventable.

- Congenital hearing loss occurs mainly due to infections in a pregnant woman in early pregnancy or consumption of certain drugs by a pregnant woman which are harmful for the foetus (ototoxic drugs).
- Acquired hearing loss can occur due to injury to tympanic membrane, infection of nose or ear, intake of ototoxic drugs, chronic infections like diabetes and exposure to loud noise.
- Hearing loss also occurs with age in elderly due to degenerative process (presbycusis).

Various national programmes have aimed at screening the population regularly for hearing loss. Early diagnosis of deafness by means of screening can find out its cause and provide treatment at the earliest.

- National Programme for Prevention and Control of Deafness (NPPCD) – Screening for deafness in hospitals and health camps.
- National Programme for Health Care of the Elderly (NPHCE) – Screening of geriatric population for deafness in primary health care facilities as well as specialised geriatric clinics.
- Rashtriya Bal Suraksha Karyakram (RBSK) – Screening of children and adolescents using platforms like anganwadi centres and schools.

ANNEXURE 5

COMMUNITY-BASED ASSESSMENT CHECKLIST FORM
COMMUNITY-BASED ASSESSMENT CHECKLIST (CBAC)

revised draft 6 October, 2020 V.5

Date: DD/MM/YYYY

General Information	
Name of ASHA:	**Village/Ward:**
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member/other – specify details):
Address:	
Does this person have any of the following? visible defect /known disability/Bed ridden/ require support for Activities of Daily Living	If yes, please specify

Part A: Risk Assessment				
Question	**Range**		**Circle Any**	**Write Score**
1.What is your age? (in complete years)	0 – 29 years		0	
	30 – 39 years		1	
	40 – 49 years		2	
	50 – 59 years		3	
	≥ 60 years		4	
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never		0	
	Used to consume in the past/Sometimes now		1	
	Daily		2	
3. Do you consume alcohol daily?	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	

6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0	
	Yes	2	
Total Score			

Every individual needs to be screened irrespective of their scores.

A score above 4 indicates that the person may be at a higher risk of NCDs and needs to be prioritised for attending the weekly screening day.

Part B: Early Detection: Ask if the Patient has any of these Symptoms			
B1: Women and Men	**Y/N**		**Y/N**
Shortness of breath (difficulty in breathing)		History of fits	
Coughing for more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcer in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discoloured lesion(s) with loss of sensation	
History of TB*		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	**Y/N**		**Y/N**
Lump in the breast		Bleeding after menopause	
Blood-stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	**Y/N**		**Y/N**
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	

In case an individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available
*If the response is Yes – action suggested: Sputum sample collection and transport to nearest TB testing centre
** If the answer is Yes, tracing of all family members to be done by ANM/MPW

Part C: Risk factors for COPD
Circle all that Apply
Type of Fuel used for cooking – Firewood/Crop Residue/Cow dung cake/Coal/Kerosene/LPG
Occupational exposure – Crop residue burning/burning of garbage/leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

Part D: PHQ 2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed, or hopeless?	0	+1	+2	+3
	Total Score				
Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)					

LIST OF CONTRIBUTORS

Dr. Kanwar Sen	Addl. DG, Dte. GHS, MoHFW
Dr. Sudhir Gupta	Sr. CMO, Dte. GHS, MoHFW
Dr. Sunny Swarnkar	DADG, Dte. GHS, MoHFW
Maj. Gen. (Prof.) Atul Kotwal	Executive Director, National Health Systems Resource Centre (NHSRC), New Delhi
Dr. (Flt Lt) M A Balasubramanya	Advisor, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Maya Mascarenhas	External Consultant, National Health Systems Resource Centre (NHSRC), New Delhi
Dr. Vineet Kumar Pathak	Senior Resident, Department of Community and Family Medicine, All India Institute of Medical Sciences, Raipur
Dr. Neha Dumka	Lead Consultant, Knowledge Management Division, National Health Systems Resource Centre (NHSRC)
Dr. Suman Bhardwaj	Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Anantha Kumar SR	Senior Consultant, Community, Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr Neha Singhal	Senior Consultant, Community, Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Shalini Singh	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Har Ashish Jindal	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Rupsa Banerjee	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr Anusha Sharma	Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Amit Dhage	External Consultant, Community Processes and Comprehensive Primary, Health Care, National Health Systems Resource Centre (NHSRC)
Dr Vijaya Shekhar Salkar	Junior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)

NOTES

NOTES

Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.
To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

- https://instagram.com/ayushmanhwcs
- https://twitter.com/AyushmanHWCs
- https://www.facebook.com/AyushmanHWCs
- https://www.youtube.com/c/NHSRC_MoHFW

National Health Systems Resource Centre

Design by Royal Press #93101 32888