

DST Revision Summary: ENT (DST 300-304)

Background

The following document summarizes the initial evidence review and DST revisions for suite **ENT** (DST 300, 301, 302, 303 and 304) as outlined in the NNPBC DST stewardship plan. The evidence reviews and syntheses are completed once per 3-year life cycle for each DST. NNPBC Professional Practice is responsible for completing these reviews to inform content revisions for DSTs. Each suite consists of one assessment and diagnostic guideline, along with the corresponding care and treatment plans for the diseases, disorders, and conditions that Certified Practice RNs (RN(C)s) are authorized to diagnose and treat for that system.

The NNPBC evidence review team, which includes an RN-certified practice Consultant, Manager of Practice, Education, and research, and Lead of Continuing Education and Professional Development, completed the initial revisions for suite **ENT**. Following the integration of revision recommendations, the Subject Matter Expert Advisory Group will review DSTs as outlined in the DST stewardship plan.

Review of References

Before completing the initial evidence review, citations for each DST were evaluated to ensure that references were current, evidence-informed and relevant to the particular DST suite under review. The process of reviewing the citations included updating any broken links to web pages, updating to the latest edition of textbooks, searching for primary literature that was more current and evidence-informed, and removing citations that required membership to an organization that an RN(c) would not have access to.

For example, several references for the **ENT** suite originated from the Canadian Pharmacists Association, which requires registration with the organization to access clinical resources. Another challenge from the initial evaluation of the references was the lack of in-text citations throughout the DSTs. The reviewer was unable to corroborate the reference to the content within the DSTs, making it challenging to verify that the content within the DSTs was current and evidence-informed.

Following an initial review of citations for previous DSTs, it was recommended that a hierarchy of literature be created to guide decisions around the use of literature to inform DST content revision, in conjunction with the feedback from the RN(c) Practice Consultant and Subject Matter Expert Advisory Group.

Literature Hierarchy

UpToDate was selected as the primary evidence source to inform the DST revisions. UpToDate is a widely used clinical resource, accessible to major health system employers such as regional health authorities and community-based primary care clinics. It also allows users to access Lexidrug, a comprehensive drug guide that provides life-span considerations. Information regarding authorship, their review processes, references, and article revision dates are also easily accessible, ensuring high-quality evidence to inform DST revisions.

Following consultation with PSIs, the review team selected the textbook *Seidel's Guide to Physical Examination: An Interprofessional Approach* (2023; 10th ed.) to augment evidence found via UpToDate. This textbook serves as the primary source used throughout the Remote Practice and RN First Call certified practice curriculum, ensuring consistency and congruency of content revisions with certified practice education. UpToDate sources were cross-referenced with the textbook to ensure comprehensiveness in DST revisions.

Lastly, peer-reviewed primary literature was accessed to validate any unclear or vague content in existing DSTs. Open-access primary literature was prioritized to ensure RN(c) could access the sources that informed the DST.

A notable addition to the literature hierarchy that was included for the **ENT** suite was the inclusion of *Davis's Drug Guide*. Like UpToDate, *Davis's Drug Guide* is a widely recognized clinical resource specifically tailored to nurses and nursing practice. *Davis's Drug Guide* was utilized for the **ENT** suite to support pharmacological considerations related to pregnancy and breastfeeding, as further evidence was needed to help inform the pharmacological sections of the **ENT** DST suite. Subsequent suite revisions will now include *Davis's Drug Guide* to help augment any unclear or missing evidence.

This evidence hierarchy enabled relevant content revisions that aim to maximize clinical utility. Furthermore, utilizing credible, evidence-based sources (UpToDate, Davis's Drug Guide) and a source consistent with certified practice education (*Seidel's Guide*) facilitated content changes that align with both practice and education. Lastly, developing this evidence hierarchy will support future DST revisions, making subsequent reviews more streamlined, methodical, and consistent.

Revision Summary

Changes to DSTs occurred in one of three ways: removing or relocating content, changing and revising existing content to reflect recent evidence and structural or formatting changes. A high-level summary of each DST for the **ENT** suite is presented below. The following summary is not an exhaustive list of changes. Rather, it is a high-level summary that provides contextual considerations related to key changes during Phase 1 of the revisions.

Assessment and Diagnostic Guideline: ENT (DST 300)

Defining Consultation and Referral

Definitions of *consultation* and *referral* were added to all Assessment and Diagnostic Guidelines to assist with conceptual clarity. The following **Note** was added to the start of the document:

Note: A *consultation* refers to the RN(C) collaborating with members of the care team, such as a physician, nurse practitioner, or pharmacist, to support decision-making processes related to the diagnosis, treatment and management of the diseases, disorders, and conditions that the RN(C) are authorized to diagnose, treat and manage. A *referral* is when an RN(C) refers a patient to a medical care provider for further treatment, care or management. This occurs when patients are presenting with symptoms outside of what is provided in this document, including symptoms that require urgent referral.

Disclaimer for Pediatric Considerations

The following disclaimer has been added in all DSTs that pertain to a pediatric population:

Note. In BC, the term pediatrics is often defined as an individual under the age of 19.¹ For the purposes of certified practice DSTs, pediatrics refers to individuals under the age of 19 unless otherwise specified.

Disclaimer for Ordering Diagnostic Tests

The following disclaimer has been added in all DSTs for diagnostics. This disclaimer was added to facilitate clarity regarding organizational policies and processes that enable RN(C) to initiate client-specific orders.

Note. RN(C)s are authorized to initiate a client-specific ordering for screening and diagnostic tests only when outlined in the decision support tools for their certified practice designation(s) and, according to employer policies, processes, and resources, are in place, as outlined by BCCNM.^{2,3}

STI Diagnosis and Treatment

To increase clarity about the scope of Remote Practice and RN First Call Certified Practice, the following was added to the document:

If symptoms of systemic STI (sexually transmitted infection) are present, complete the appropriate system assessment per [BC Center for Disease Control STI DST 900](#). STI diagnosis and treatment requires Certified Practice Designation in Reproductive Health: Sexually Transmitted Infections.

Content Removal or Relocation

Following consultation with PSIs, two primary sections of DST 300 were removed or relocated. This decision was made due to the inability to substantiate specific content, inconsistency within the document, and incongruency with the intended purpose of the document. Assessment and diagnostic guidelines intend to support RN(c) practice as it relates to assessing and diagnosing the disease, disorders and conditions within the RN(C) scope of practice. Therefore, content not directly

¹ Coughlin K. Medical decision-making in pediatrics: Infancy to adolescence. Canadian Pediatric Society. January 24, 2024. Accessed June 28, 2025. <https://cps.ca/en/documents/position/medical-decision-making-in-paediatrics-infancy-to-adolescence#:~:text=The%20age%20of%20majority%20is,in%20a%20minor's%20best%20interests>

² BCCNM. Acting Within Autonomous Scope of Practice (Certified Practice). BCCNM. Accessed June 28, 2025. <https://www.bccnm.ca/RN/PracticeStandards/Pages/CPAutonomousSoP.aspx>

³ BCCNM. Screening and Diagnostic Tests and Imaging. BCCNM. Accessed June 28, 2025. <https://www.bccnm.ca/RN/PracticeStandards/Pages/ScreeningDiagnosticTestsImaging.aspx>



related to diagnosing and managing *Acute Otitis Media* (DST 301), *Pharyngitis* (DST 302), *Dental Abscess* (DST 303), and *Ceruminosis* (DST 304) was moved to DST 100 (Assessment and Diagnostic Guideline: General).

Examples of other content changes include:

- **Symptoms requiring urgent referral:** The list of symptoms requiring urgent referral was removed from the document and replaced with a disclaimer to ensure compliance with the RN(c) scope of practice.
 - This change was made due to conflicting information in the list of symptoms with key assessment indicators for ENT conditions. In addition, the list itself could not be substantiated due to a lack of clarity regarding the framework used to develop the list of symptoms.
- **General Appearance and vital signs** were moved to DST 100.
 - This change was made to align documents, as general appearance and vital signs are not specific to ENT conditions, disease or disorders and are an expected competency of RN practice.
- **Physical Assessment – ENT** was moved to DST 100.
 - This change was made to align with the purpose of the document. This section provides assessment information that is not specific to diagnosing *Acute Otitis Media* (DST 301), *Pharyngitis* (DST 302), *Dental Abscess* (DST 303), and *Ceruminosis* (DST 304) but instead supports RN(c) in their clinical reasoning. As a result, this information was moved into DST 100, which exists as a supportive resource for RN(c).
- **Tools For Evaluating the Risk of Group A Streptococcus**
 - The previous appendix titled “Throat Score” could not be corroborated with the current literature. Using tools recommended by the Canadian Pediatric Society and the College of Family Physicians of Canada, two new algorithms for evaluating the risk of pharyngitis related to Group A Streptococcus were added: FeverPAIN (Adults) and CENTOR (Pediatrics). The previous “Throat Score” table was subsequently removed.

Assessment and Diagnostic Guidelines will now contain specific guidance on physical examinations and diagnostic tests related to conditions that can be managed, treated, and/or diagnosed within the Certified Practice framework.

Content Change

Content related to Potential causes, History, and Key Physical Assessment of *Acute Otitis Media* (DST 301), *Pharyngitis* (DST 302), *Dental Abscess* (DST 303), and *Ceruminosis* (DST 304) was updated with the most recent available literature. Diagnostic tests were also updated. All content in the document is now cited in the text with an appropriate, evidence-based source, as noted above.

During Phase One of the DST revisions, Adult and Pediatric DSTs were combined into a single document. Included in the new versions of the DSTs were sections titled “Pediatric Considerations.” During this current revision cycle, a lack of clarity between the different types of otitis media meant that different middle ear disorders were being categorized under the umbrella of “Otitis Media,” namely middle ear disorders commonly found in the pediatric population (Chronic Suppurative Otitis Media [CSOM] and Otitis Media with Effusion [OME]). These conditions, however, do not align with definitions of “Acute Otitis Media.” Following the RN(C) scope of practice as advanced by the regulatory college, the content contained within the document is now specific to “Acute Otitis Media” only. Chronic Suppurative Otitis Media and Otitis Media with Effusion are disorders that require consultation and/or referral as they are outside the scope of an RN(C).

Examples of content changes include:

- **Associated systems:** The content was updated to direct the RN(C) to the appropriate DST to support comprehensive assessments if the RN(C) believes the ENT conditions are associated with systemic conditions, such as an upper respiratory tract infection or a sexually transmitted infection.
- **History:** This section was revised to improve clarity regarding symptoms associated with acute otitis media..
- **Potential causes:** The content was updated and expanded, with additional details added.
 - For example, the viral and bacterial causes of *Acute Otitis Media* (DST 301) and *Pharyngitis* (DST 302) were updated based on the most current evidence.
- **Key Physical Assessment Findings:** The content is now more specific to assessing Acute Otitis Media, and any symptoms related to Chronic Suppurative Otitis Media and Otitis Media with Effusion have been removed.



- Statements that could not be substantiated were removed or changed.
 - For example, in the previous version of DST 300, under “Additional Pediatric Considerations,” the symptom of otalgia included the statement “pain is absent in 20% of children.” This statement could not be corroborated with current literature and was removed and replaced with “ear pain not always present in pediatric cases.”

Formatting Change

- New headings were added to facilitate clarity in the document.
 - For example, under **History**, pediatric-specific symptoms of acute otitis media, including findings typical of young children and infants, were given their own subheadings

Care and Treatment Plan: Acute Otitis Media (DST 301), Pharyngitis (DST 302), Dental Abscess (DST 303) and Ceruminosis (DST 304)

Content Change

Primary revisions of the Care and Treatment Plans for suite **ENT** focused on clarifying the specific middle ear disorder that an RN(c) can manage, diagnose and/or treat (Acute Otitis Media) and clarifying treatments for Dental Abscess and Ceruminosis that are within the RN(c) scope.

Examples of content changes include:

- **Dental Abscess (DST 303):** A note was added regarding the treatment of a dental abscess that requires incision and drainage to emphasize that urgent referral and follow-up with a dentist is required, as this is beyond the scope of an RN(c).
- **Ceruminosis (DST 304):** Procedures for cerumen removal have been updated.
 - Clarity around the use of cerumenolytics, as well as the types available in Canada, was updated
 - Irrigation of the ear canal now specifies the type of irrigation instrument recommended as it aligns with RN(c) scope.
- **Pediatric Considerations:** Content was reviewed and updated to align with current best practice guidelines.
 - For example, information for caregivers regarding a “watchful waiting” approach to treating Otitis Media was clarified and expanded.
- Consultation and/or referral recommendations for clients with chronic or complex Otitis Media, including symptoms suggestive of CSOM or OME, were updated
- **Documentation:** The documentation sections of suite **ENT** were updated based on feedback from BCCNM.

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Conclusion

Initial revisions for suite **ENT** (DST 300-304) were informed by an evidence hierarchy and consultations with post-secondary representatives. Primary changes include the removal of content or relocation for the assessment and diagnostic guideline, as well as revisions to content to enhance clarity and detail. Lastly, formatting and structural changes were made to ensure consistency and organization across all three documents.

⁴ Coughlin K. Medical decision-making in pediatrics: Infancy to adolescence. Canadian Pediatric Society. January 24, 2024. Accessed June 28, 2025. <https://cps.ca/en/documents/position/medical-decision-making-in-paediatrics-infancy-to-adolescence#:~:text=The%20age%20of%20majority%20is,in%20a%20minor's%20best%20interests>