Feature

The Historical Role of the Otorhinolaryngology Nurse Practitioner
Patricia M. Zarnitz RN, MSN, RNFA, CORLN, CRNP, BC-FNP

The role of the Nurse Practitioner (NP) in the specialty practice of Otorhinolaryngology (ORL) continues to evolve. NPs work in a collaborative practice environment integrating nursing and the medical model. They engage in critical thinking skills, expert clinical practice, and professional leadership, and evaluate and conduct research. This article presents a literature review on the historical evolution of this specialty practice role. Examination of past and present roles in varied practice settings and diverse healthcare systems provide a historical perspective and the momentum necessary to chart future growth and development.

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Poetry Corner: Employee Termination
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Core Curriculum for Otorhinolaryngology and Head-Neck Nursing
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Reviewer: Ann Luther, APN, ACNS-BC, CORLN
Recommended Cleaning and Processing of Flexible Otolaryngology Endoscopes
Jan Adams, BSN, RN, MPA, NE-BC, CORLN
Karen Baker, MSN, RN

Uncertainty about endoscope reprocessing in the Otorhinolaryngology (ORL) office setting continues today, especially regarding the care and cleaning of flexible endoscopes. In an effort to answer questions concerning how, when and how long to process endoscopes in the outpatient office, the Society of Otorhinolaryngology Nurses (SOHN) has partnered with the Association of periOperative Nurses (AORN) to establish standards for all Otolaryngology nurses to adopt and utilize, ensuring a safe and effective methodology for cleaning flexible endoscopes in the outpatient ORL office. This protocol has been approved by the SOHN Board of Directors as the recommended guideline for ORL nurses to follow when performing endoscope reprocessing in the outpatient ORL office.

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**Assessment of Oral Mucositis in Adult and Pediatric Oncology Patients: An Evidence-Based Approach**

Michele Farrington, BSN, RN
Laura Cullen, MA, RN, FAAN
Cindy Dawson, MSN, RN, CORLN

Oral mucositis is a frequent side effect of cancer treatment and can lead to delayed treatment, reduced treatment dosage, altered nutrition, dehydration, infections, xerostomia, pain, and higher healthcare costs. Mucositis is defined as “inflammatory lesions of the oral and/or gastrointestinal tract caused by high-dose cancer therapies. Alimentary tract mucositis refers to the expression of mucosal injury across the continuum of oral and gastrointestinal mucosa, from the mouth to the anus” (Peterson, Bensadoun, & Roila, 2008, p. ii122). Evidence demonstrates that oral mucositis is quite distressing for patients. In addition, the majority of oncology nurses are unaware of available guidelines related to the care of oral mucositis.

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Authors: Victoria T. Ellis, CRNP
Kellye O. Jones-Ho, CRNP

**Gerontology-ORL: Try This**
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**Endoskeletal Ossicular Reconstruction Using the Kraus K-Helix Crown and Piston Middle Ear Prostheses**

Eric M. Kraus, M.D., M.S., F.A.C.S.
Julia Y. Christopher, R.N., B.S.N.

The Kraus K-Helix titanium middle ear prostheses are novel, newly designed ossicular replacement prostheses available in two versions, the K-Helix Crown and the K-Helix Piston. The prostheses have been developed for reconstruction of an eroded long process of the incus (incus-to-stapes) or completely absent incus (incus-to-footplate/oval window neo-membrane) during ossiculoplasty in chronic ears, non-chronic ears, or failed stapedectomy. Reconstruction is indicated to restore sound conduction of the ossicular chain during tympanoplasty.

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