

for a “big elephant” in the ear. This kind of make-believe is an absorbing distraction and usually elicits cooperation. After examining the ear, clarify that “looking for elephants” was only pretend and thank the child for letting you look in his or her ear. Another great distraction technique is asking the child to put a finger on the opposite ear to keep the light from getting out.

As you insert the speculum into the meatus, move it around the outer rim to accustom the child to the feel of something entering the ear. If examining a painful ear, examine the unaffected ear first, then return to the painful ear, and touch a nonpainful part of the affected ear first. By this time, the child is usually less fearful of anything causing discomfort to the ear and will cooperate more.

For their protection and safety, restrain infants and toddlers for the otoscopic examination. There are two general positions of restraint. In one, the child is seated sideways in the parent's lap with one arm hugging the parent and the other arm at the side. The ear to be examined is toward the nurse. With one hand the parent holds the child's head firmly against his or her chest and hugs the child with the other arm, thereby securing the child's free arm ([Fig. 4-21, A](#)). Examine the ear using the same procedure for holding the otoscope as described later.