ENT IN THE A&E DEPARTMENT

NASAL:

NASAL INJURIES:-

Bony - Clinical management depends on Clinical findings therefore radiology is irrelevant.

External deformity = displaced fracture = ENT OPD referral.
No deformity - no treatment required.

Soft Tissue - Septal deformity ⇒ nasal obstruction. Refer to ENT (non-urgent).

Septal haematoma ⇒ increasing nasal pain, tenderness and obstruction after injury. Urgent ENT referral (abscess risk).

EPISTAXIS:-

Active - Nasal cavity should be packed with Lignocaine (4%) and Adrenaline (1:1000).

If this is not effective in stopping the bleeding **OR** the patient is elderly, admit to ENT Unit.

NASAL F.B.:-

C/O unilateral obstruction, rhinorrhoea and epistaxis.
Examine and **one** attempt at removal.

OTOLOGIC:

OTALGIA:-

Acute Otitis Media - severe associated with hearing loss and profuse otorrhoea and/or bleeding.
Treatment - systemic antibiotics (+ topical) and analgesia.

External Otitis - less severe associated with itch, scanty otorrhoea and minimal hearing loss.

ENT admission

Treatment - Topical antibiotics (+ systemic if severe) and analgesia.

If severe pain/ext swelling admit ENT.

Otalgia Contd./.....

VENTILATORS:-

Otorrohoea and Bleeding.

Treatment - Advise keep water out of ear and prescribe topical antibiotics.

F.B.-

Syringe out if possible or refer to ENT. DO NOT ATTEMPT INSTRUMENTATION. Non-urgent except batteries.

THROAT:

PTA/Quinsy -

Unilateral peri-tonsillar swelling, severe dysphagia. (marked dysphagia/ drooling)

Treatment - Incision, then admit to B.P.H. (EHSSB).

F.B.:-

Complete dysphagia ⇒ ENT (X-ray Lat. Neck and CXR). post-op copy by ENT.

F.B. sensation but no obstruction refer ENT OPD. (eg fish bone) → most are abrasions of oesophagus/pharynx

AIRWAY PROBLEMS:-

"Airway Rota" EHSSB.

C/O Stridor.

STRIDOR

ACUTE L.T.B.:- CROUP. (<3yrs ? - 6)

Prodromal illness, slow progression, mild pyrexia rarely complete obstruction, ⇒ Paediatrics. symptoms > 24hrs

ACUTE EPIGOTTITIS:-

Rapid progression, marked pyresia, drooling, complete obstruction possible. Referral ENT/Paediatric/Anaesthetics. **No investigation.**

NO EXAMINATION otherwise laryngospasm

EMERGENCY AIRWAY PROTECTION:-

Intubation or Tracheotomy.

CHOKING EPISODES:-

Aspiration ⇒ bronchial obstruction and eventually lung abscess, therefore if doubt refer to ENT for bronchoscopy.

Refer for "rule out" Bronchoscopy