ENT Emergencies

Foreign bodies
1. Nose
   - Organic
   - Non-organic
   - Battery (requires urgent removal as corrosive)
   - Can use otoscope; check other side.

2. Ear
   - Organic
   - Non-organic
   - Battery

3. Inhaled Foreign bodies
   - Emergency
   - Chest X ray inspiratory and expiratory films if not in distress
   - Requires removal in theatre

4. Throat
   - Fish bones
   - Coins
   - Food bolus with or without bones

Management of food bolus
   - Lateral C spine X ray to assess location
   - Chest X ray
   - Distress
   - IV buscopan 20mg 2 doses, and fizzy drinks

Tonsillitis
   - Odynophagia
   - Sore throat
   - Temperature
   - Dysphagia
   - Otalgia
   - If simple- throat swab, Penicillin and nil follow up

Quinsy
   - Peritonsillar abscess
   - Direct spread into soft palate
   - Trismus
   - “Hot potato speech”

Severe Tonsillitis, Quinsy, Supraglottitis
   - Unable to swallow or septic? requires admission
   - History and Examination, ? trismus
   - Admit, throat swab, IV Fluids and bloods including screen for glandular fever
   - IV benzyl penicillin, metronidazole
   - Consider IV dexamethasone if stertor or glandular fever
Post Tonsillectomy Bleed
- Reactionary, Secondary
- Adult and Child
- Active vs stopped
- Clot present or not
- Admit, intravenous access, fluids and check bloods
- H2O2 gargles
- Swab with 1 in 1000 adrenaline
- Silver nitrate cautery if bleeding point
- If fails, theatre

Epistaxis
- Location: 80% Anterior (from Little’s area) vs Posterior (more likely to be an older patient)
- Hypertensive bleed- very rare
- Trauma – Spontaneous
- Anticoagulants, Stop warfarin if INR is >3
- But not if prosthetic metal heart valves

Management
- Apply nasal pressure and ice packs
- Naseptin cream for 2/52 if intermittent
- If persistent will need admission
- Cautery if bleeding point is visible (never on both sides of the nasal septum)
- Anterior packing: Nasal packs, Foleys catheter if posterior bleed

Types of haematoma
- Septal- Bilateral
- Pinna- Small or Large
- Theatre and Antibiotics
- Fracture Nose

Facial trauma and fractured nasal bones
- Assess head and neck including cranial nerves
- ?septal haematoma
- ?septal deviation
- ?epistaxis
- Facial bones X ray if suspect fractured facial bones, not for assessment of fractured nasal bones
- If fractured nasal bone, requires outpatient review in 5-7 days

Stridor and stertor
- Stridor is from larynx or below
- Stertor is from above the larynx
- beware of epiglottitis and foreign body
- examine the whole airway
- X-ray chest and neck

Immediate management of stridor/stertor
- Sit patient up
- Oxygen 10L/min or Heliox
- Adrenaline nebuliser 5mls (1:1000)
- Iv hydrocortisone
- IV antibiotics
- Senior help
Epiglottitis
- Drooling, pyrexial, tachpnoeic, stridor
- Do NOT examine throat
- IV Cefotaxime
- May require intubation
- Urgent senior help is needed

Immediate management of epiglottitis
- O2
- IV dexamethasone
- Adrenaline Nebs 1 amp in 5 mls of saline

Otitis Media
- Pain, temperature and hearing loss, ?otorrhoea
- Inflamed tympanic membrane
- Can normally be managed as an outpatient with oral Amoxicillin
- If systemically unwell, require admission for antibiotics and drops- sofradex or gentisone

Otitis Externa
- Pain, discharge and hearing loss
- Often cotton bud users
- Swab for C&S and fungi
- Give topical antibiotics and steroid i.e. Gentsone HC
- Keep ear bone dry

Severe Otitis Externa
- Cellulitis and systemic upset
- Requires admission for antibiotics and insertion of popewick

Traumatic ear perforation
- Pain
- Bloody otorrhoea
- Hearing loss
- Keep ear bone dry
- Requires referral to OPD

Ear trauma
- Pinna haematoma
- Pinna laceration
- Base of skull fracture

Mastoiditis
- Swelling behind the pinna
- Pain
- Temperature
- Otorrhoea
- Examine the ear with an otoscope

Sinusitis Complications
- Orbital cellulitis
- Admit, IV antibiotics and bloods
- Ophthalmological referral and vision check
- Nasal Drops- Otrivine and Betnesol
Acute parotitis

- Pain
- Swelling
- Foul taste in mouth
- History of calculi
- Often dry and dentures
- Look and feel orifice
- Examine VII and lymph nodes

If mild
- Oral co-amoxiclav
- Swab any pus
- Recommend dental check and oral hygiene advice

If more severe (pain, cellulitis etc)
- Admit for IV fluids and antibiotics

Please Note
These notes were written by Dr Rebecca Exley in 2009. They are presented in good faith and every effort has been taken to ensure their accuracy. Nevertheless, medical practice changes over time and it is always important to check the information with your clinical teachers and with other reliable sources. Disclaimer: no responsibility can be taken by either the author or publisher for any loss, damage or injury occasioned to any person acting or refraining from action as a result of this information. Please let us know of any errors.