ENT Emergencies
Overview

• Learning objectives
• Ear emergencies and microsuction
• Nose emergencies and nasal packing
• Throat emergencies and flexible nasoendoscopy
• Clinical Scenarios
Objectives

- To recognise common ENT emergencies
- To be able to initiate management for common emergencies
- To know when to call for senior support
THE EAR
Otitis Externa

**Rx**: Topical antibiotics

Analgesia

Aural toilet

Refer if: Non responsive

Canal oedematous

Needs aural toilet
Acute Otitis Media

Rx:
- Systemic antibiotics
- Analgesia
- Decongestants
Acute Mastoiditis

Rx: Systemic antibiotics
Analgesia

URGENT REFERRAL
INFORM REGISTRAR ON CALL
Perichondral Haematoma

**Rx**: Systemic antibiotics

Analgesia

**URGENT REFERRAL**

Requires incision & drainage
Perichondral Cellulitis

Rx: Systemic antibiotics
Analgesia

REFERRAL
ENT if no response after 24hr or diabetic
Cauliflower Ear
Bead in ear

Rx: one attempt at removal only.
Try syringing with warm water
Do not use forceps for round objects
Non urgent ENT referral emergency clinic
Insect in Ear

Rx: Kill insect with olive oil
Try syringing with warm water
Urgent ENT referral
Bloody Otorrhoea
Skull Base Fracture

Rx: Do not examine ears with an auriscope.
Admit under the head injury team
Non urgent ENT referral

Unless VII Palsy – ENT EMERGENCY
Facial Nerve Palsy

**Rx**: Prednisolone 30mg
Acyclovir 200mg 5x/day
Hypermellose eye drops
Lacrilube ointment

Red bulging ear drum = **URGENT ENT** review
If not, Non urgent ENT review
If poor eye closure = **Ophthalmology** review
House-Brackmann Classification

GRADE

• I. Normal
  • Normal facial function in all areas

• II. Mild Dysfunction
  • Gross
    · Slight weakness noticeable on close inspection
    · May have slight synkinesis
    · At rest, normal symmetry and tone
  
  • Motion
    · Forehead - Moderate-to-good function
    · Eye - Complete closure with minimal effort
    · Mouth - Slight asymmetry

• III. Moderate Dysfunction
  • Gross
    · Obvious but not disfiguring difference between the two sides
    · Noticeable but not severe synkinesis, contracture, or hemifacial spasm
    · At rest, normal symmetry and tone
  
  • Motion
    · Forehead - Slight-to-moderate movement
    · Eye - Complete closure with effort
    · Mouth - Slightly weak with maximum effort
House-Brackmann Classification

GRADE

• IV. Moderately Severe Dysfunction
  
  CHARACTERISTICS
  
  Gross
  
  - Obvious weakness and/or disfiguring asymmetry

  Motion
  
  - Forehead - None
  - Eye - Incomplete closure
  - Mouth - Asymmetric with maximum effort

• V. Severe Dysfunction

  Gross
  
  - Only barely perceptible motion
  - At rest, asymmetry

  Motion
  
  - Forehead - None
  - Eye - Incomplete closure
  - Mouth - Slight movement

• VI. Total Paralysis

  No movement
THE NOSE
Nasal Fracture

Rx: Exclude other max-fax fractures
Exclude CSF rhinorrhoea
Analgesia

Refer if: Obvious deformity (5-7 days)
Septal Haematoma (URGENT)
Septal Haematoma
Normal Inferior Turbinate
Epistaxis
Little’s Area

Blood supply to the medial nose

Sphenopalatine a.
Ant. ethmoid a.
Post. ethmoid a.
Greater palatine a.
Sup. labial a.
Kiesselbach's plexus
Epistaxis

**Rx:** RESUSCITATE

- FBC, G&S, Clotting
- Local pressure
- (Cautery)
- Nasal Packing
Nasal Cautery
Nasal Packing

- BIPP pack
- Merocel pack
How NOT to pack a nose!!!
Foreign Body in Nose

Rx: one attempt at removal only.
Do not use forceps for round objects
Urgent ENT referral
Orbital Cellulitis

**Rx**: Systemic antibiotics
Decongestants
Analgesia

URGENT ENT referral
URGENT EYE referral
URGENT CT sinuses
THE THROAT
Tonsillitis

Rx: Penicillin V/ Metronidazole
Analgesia
FBC, Paul Bunnel, LFT

Refer if: Complete dysphagia
Quinsy
Quinsy
Fish Bone in Tonsil
Fish Bones & Xray

Very Opaque:
Cod, Haddock, Cole fish, Lemon sole, Gurnard

Moderate Opaque:
Grey Mullet, Plaice, Monkfish, Red Snapper

Not Opaque:
Herring (Kipper), Salmon, Mackerel, Trout, Pike
Stridor

**Rx**: Oxygen
Adrenaline Nebulisers
Heliox
Steroids
Antibiotics

**URGENT** ENT Ref.
**URGENT** Anaesthetic Ref.
**URGENT** Paed. Ref.
Emergency Trachy??

Early illustration of tracheotomy. From *Tabulae Anatomicae*, 1627
Cricothyroidotomy
Post Tonsillectomy Bleed

- ABC
- IV access blood FBC clotting G&S (x-match)
- Suction if profuse
- Identify bleeding point
- Cauterise if possible AgNO3
- Apply adrenaline soaked gauze if not stopping
- Hydrogen Peroxide gargles
- IV antibiotics
- Analgesia
- Inform Reg
- Prepare for theatre if unable to stop
Summary

• Otitis externa
• Acute otitis media
• Acute mastoiditis
• Perichondrial haematoma
• Perichondritis
• FB in ear
• Base of skull #
• Facial nerve palsy
• # nose
• Epistaxis
• FB nose
• Tonsillitis
• Quinsy
• FB throat
• Stridor
• Cricothyroidotomy
ENT Emergencies