



ENT presentations

▼ Common ENT Presentations

Epistaxis: It is the medical term for nosebleed. It is a common presentation in ED, and most of the time, it is self-limiting. However, severe or recurrent episodes may require further investigation and management, including nasal packing or cauterization. Simple, self limiting epistaxis can often be managed by ED.

Foreign Body: It is a common presentation in children with a history of inserting objects into their nose or ears. In adults, it can be accidental or intentional. The management involves removing the foreign body under appropriate anaesthesia. Simple FB removal can often be seen by ENPs/UCC GP.

ENT will also see patients with foreign body in throat. This commonly occurs with fish bones, and once clear that there is no airway concerns patients can be seen by ENT.

Acute Otitis Media: It is a painful ear infection, commonly seen in children. The management involves antibiotics, analgesics, and monitoring for complications such as mastoiditis or hearing loss. Generally can be treated by UCC/ED.

Hearing Loss: Acute hearing loss with nil preceding symptoms/foreign body. Can be unilateral or bilateral.

Acute Pharyngitis: It is the inflammation of the pharynx, commonly caused by viral or bacterial infections. The management involves symptomatic treatment and antibiotics in the case of bacterial infections.

Supraglottitis/Epiglottitis: It is the inflammation of the supraglottic region, which includes the epiglottis and adjacent tissues. It is a rare but potentially life-threatening condition that can cause airway obstruction, especially in children. These patients may present similarly to quinsy and should be

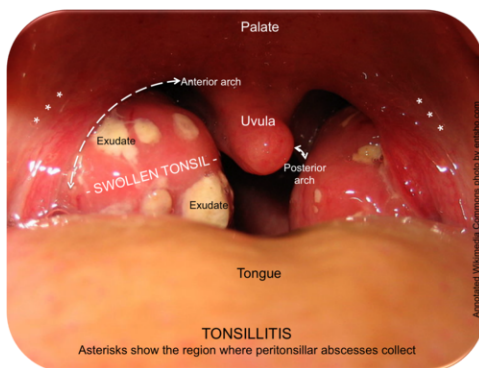
escalated early and managed in resus. They may require early intubation in ED/theatre.

Pinna Cellulitis: It is a bacterial infection of the skin and subcutaneous tissue of the ear. It can cause pain, redness, and swelling of the affected area. The management involves antibiotics and analgesics. In severe cases, hospitalization and intravenous antibiotics may be required.

Tonsillitis: It is the inflammation of the tonsils, commonly caused by viral or bacterial infections. The management involves symptomatic treatment and antibiotics in the case of bacterial infections. Simple tonsillitis can be managed in UCC/ED without ENT.

Post-tonsillectomy complications: It is common for patients to have bleeding post tonsillectomy, especially in adults. Patients with any post-procedure complications should be referred to ENT.

Peritonsillar Abscess/Quinsy: It is a collection of pus around the tonsils. It can cause severe pain, difficulty in swallowing, and breathing. The management involves antibiotics, drainage of the abscess, and monitoring for complications such as airway obstruction. Signs of quinsy such as trismus (painful restriction in mouth opening), drooling, inability to swallow, 'hot potato' voice and 'kissing' tonsils should be escalated immediately.



ENT Services at JR

All ENT referrals are made to ENT SHO (6221) or ENT SpR (9051).

GPRU - If patients are stable and uncomplicated, they can be seen on GPRU directly between 0700 and 2200. The last referral time for GPRU is 2000.

SSIP - ENT patients home ward if being admitted for ongoing care. To be seen in ED by ENT prior to bed being assigned.

▼ Initial ED Assessment

Taking a history:

Use A-E assessment template

- Pain - OLDCARTS assessment
- Swallowing - assess oral intake, evidence of drooling
- Swelling/redness - if concerned re pinna cellulitis, photos to be taken on Clinical Uploader and mark area with marker pen
- Assess throat - uvula swelling/redness, tonsillar exudate/swelling, uvula deviation
- **Supraglottitis - if any concerns for supraglottitis (quinsy-like symptoms with prev tonsillectomy, significant SOB) assess for stridor and escalate promptly**

Assessment:

- Vital signs - assess for signs of shock (hypotension, tachycardia) and infection (hyperthermia)
- Bloods and access - gain patent IV access (18G preferred in bleeding patients) and send full set of bloods including group and screen, send 'monospot' blood sample for tonsillitis and quinsy
- ECG - if tachycardic, gain an ECG for completeness - have signed by ED Reg
- Pain relief - ensure adequate analgesia given in ED
- Antiemetics - ensure antiemetic given ASAP to vomiting patients
- Tonsillitis/quinsy - discuss with ED SHO/Reg and have quinsy powerplan prescribed and started ASAP

- **REMEMBER - if clinical concern about patient (high NEWS score, severe pain, looks unwell) escalate ASAP to senior nurse and senior ED doctor**

▼ You've completed the assessment, what next?

Appropriate patients to refer to ENT directly:

- Likely quinsy with difficulty swallowing, pain, trismus and observed midline tonsils
- Post-tonsillectomy complications
- Ear cellulitis with fever and pain

Appropriate patients for UCC:

- Uncomplicated tonsillitis still able to swallow, eating and drinking
- Foreign body with nil previous attempts to retrieve

▼ You've successfully referred the patient and they've been accepted, now what?

- Discuss with NIC of the area to let them know the patient has been accepted
- The patients will need an 'R' put on EPR and an 'A' for the accepting team
- Handover to the accepting ward when bed ready
- Is the patient safe for transfer? Any vital sign instability? Ongoing heavy bleeding/airway concern? If any clinical concerns ensure patient is accompanied on transfer or kept in ED until stable - if the patient is needing resus request that the team review patient in ED and escalate to ED Reg/Consultant
- If safe for transfer, book porter and inform patient