

ENT Issues

Ear pain

Otitis Externa	Otitis Media
Infection of the external auditory canal	Infection of the middle ear
History- pain, pruritic, discharge Hearing may reduce	Earache and deafness in older children Fever, lethargy, irritability, poor feeding in young children
Examination- inflamed, oedematous auditory canal	Tympanic membrane- red, inflamed, bulging with loss of light reflex May be perforated and purulent discharge in the external auditory canal
Management- Keep ears dry Simple analgesia Topical ear drops – corticosteroids + antibiotics Aminoglycosides contraindicated if perforated tympanic membrane Aural toilet ENT referral	Symptomatic relief with analgesia and antipyretics Antibiotics according to local guidelines ENT referral

Ear discharge – exclude OE, OM, foreign body, trauma and other ear infections, ENT referral

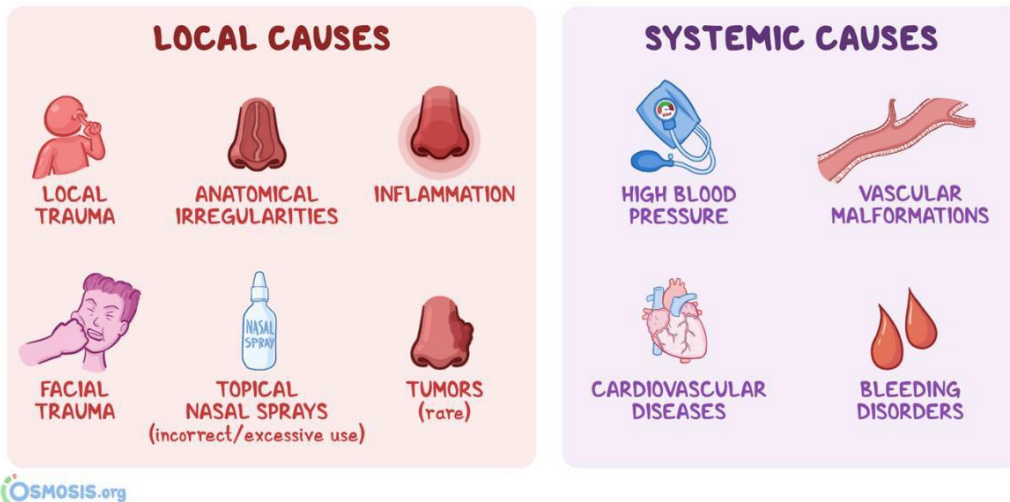
Foreign body

Ear	Nasal	Throat
Removal of foreign body at ED If unsuccessful – ENT referral	Removal by nose blowing, suction, forceps If patient uncooperative or foreign body cannot be reached- ENT referral	Direct visualization and removal by forceps If not visualized- latera; neck Xray and ENT referral

Epistaxis

95% occur in Little's area/Kiesselbach's plexus anteriorly

Posterior bleeds are uncommon- usually occur in elderly



Management

ABC assessment – clear airway

If hemodynamic compromise fluid resuscitation

First Aid- Sit and lean forward

Pinch tip of nose for 10 min and apply ice

Observe for 15min

If settles can discharge



If not settling-

Wear appropriate PPE

Good light source and nasal speculum

Remove clots in anterior part

Apply cotton soaked with adrenalin or

lignocaine If vessel visible cautery with silver nitrate

If settles can discharge with nasal antiseptic cream



If not settling-

Contact ENT urgently

Posterior packing with Foley catheter(14G)/nasal tampon with a posterior balloon Admit under ENT

Diarrhoea workup

