



सत्यमेव जयते



Common ENT Complaints (Nose) For CHO/SN





COMMON ENT COMPLAINTS



Ear

- Wax
- Furuncle
- Earache (Otalgia)
- Otitis Externa (External Ear Infection)
- Otitis Media(middle Ear Infection)
- Vertigo
- Hearing Loss/ Reduced Hearing
- Foreign Body In Ear

Throat

- Ulcers
- Acute Tonsillitis
- Acute Epiglottitis
- Foreign Body In Air Passage





EPISTAXIS (NOSE BLEEDS)



Objectives

1. To know about some common nose-related complaints/conditions.
2. How to assess a person with a nose problem/ complaint and how to manage them.
3. To understand their role in the prevention and management of these conditions.





EPISTAXIS (NOSE BLEEDS)



Identification

- Common complaint especially during winters
- In majority of cases, are self-limiting and spontaneous
- If recurrent, massive or occurring in children, cause of concern

Classification

- Anterior bleeds:
- Most common and relatively easier to control. Presents as bleeding from the nose.
 - Posterior bleeds: Less common, may cause profuse bleeding, more difficult to control. Presents as bleeding from mouth.

Causes

- Local causes: finger nail trauma, inflammation, tumours
- Systemic causes: hypertension, liver disease, kidney disease, blood thinning drugs
- Idiopathic or reason unknown





MANAGEMENT AT SHC-HWC AND INDICATIONS FOR REFERRAL

History taking

- Duration of current episode
- Previous h/o of similar episodes
- H/O trauma
- H/O bleeding tendencies elsewhere
- H/O chronic liver disease
- H/o any drug intake
- Family history
- H/o Chronic alcohol intake

Examination

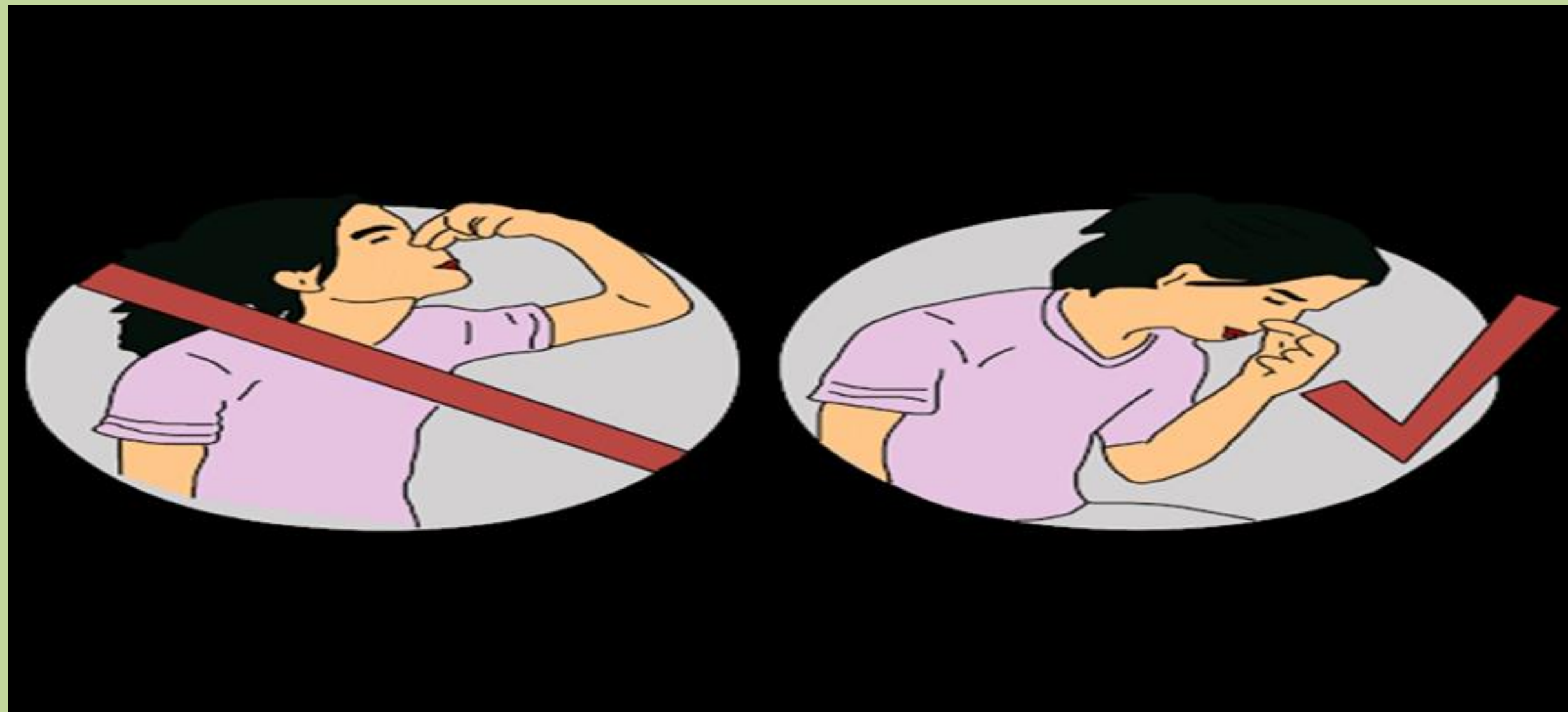
- Site of bleeding
- Blood pressure check
- Nasal septum deviation



MILD BLEED



- Tilting the head forward and pinching the nostrils together for 10 minutes.
- If bleeding continues, pinch nostrils together for 10 more minutes.





MODERATE BLEED

- Make sure the person is relaxed. Check whether the bleeding is anterior (bleeding from the nose) or posterior (bleeding from the mouth).
- Make him/her sit upright with head slightly bent forward.
- Ask the patient not to blow through his nose.
- If anterior bleeds, apply pressure on the bleeding side of the nose for 10 mins.
- If bleeding doesn't stop, apply a combination of topical anesthetics, such as 2% lidocaine and vasoconstrictor, and wait for 10 mins.
- Soak cotton balls in a mix of 2% lidocaine and 1:1000 epinephrine.



- Put 1-2 cotton balls into the bleeding nostril. (If bleeding is not clearly unilateral, put cotton balls into both nostrils.)
- Place a dry cotton ball at the nostril opening to prevent leakage and dripping.
- Leave the cotton balls in place for 10 minutes.
- If the bleeding still doesn't stop, or in case of posterior bleeds, pack the nose and refer to higher centre for appropriate care.
- Antibiotics may be given to prevent infection (sinusitis) if pack is to be kept beyond 24 hours. (can only be prescribed by a doctor- the CHO will consult the MO-PHC for antibiotics)



SEVERE BLEED OR UNCONSCIOUS PERSON

- Call an ambulance
- Refer immediately to the District Hospital where an ENT surgeon is available.



INDICATIONS FOR REFERRAL



- High BP at presentation
- Epistaxis not controlled with local pressure for over 20 min
- Massive blood loss
- Bleeding following trauma to the face, with suspected facial fractures
- Other co morbidities requiring appropriate cross consultations
- For posterior nasal packing in case of posterior epistaxis



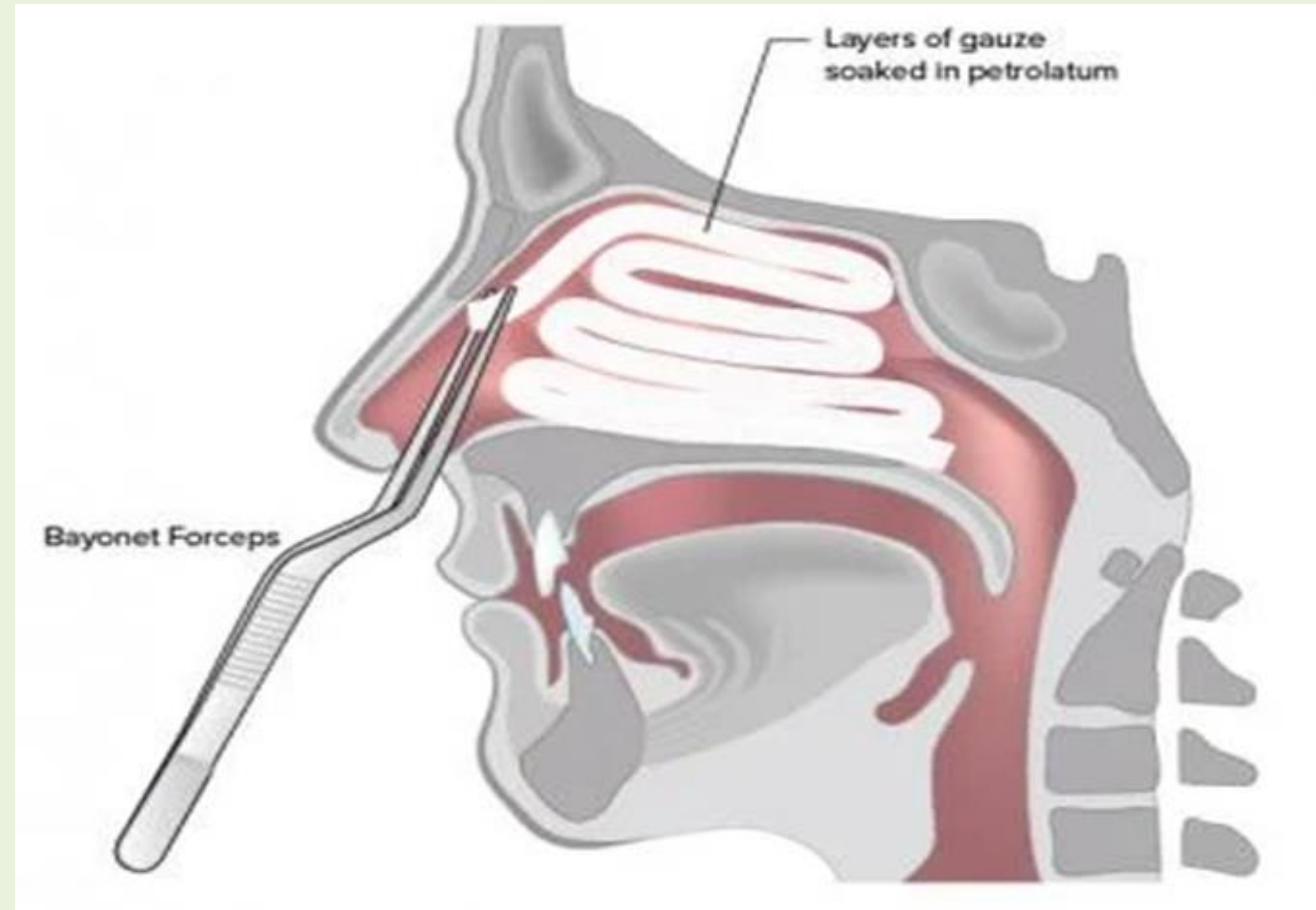
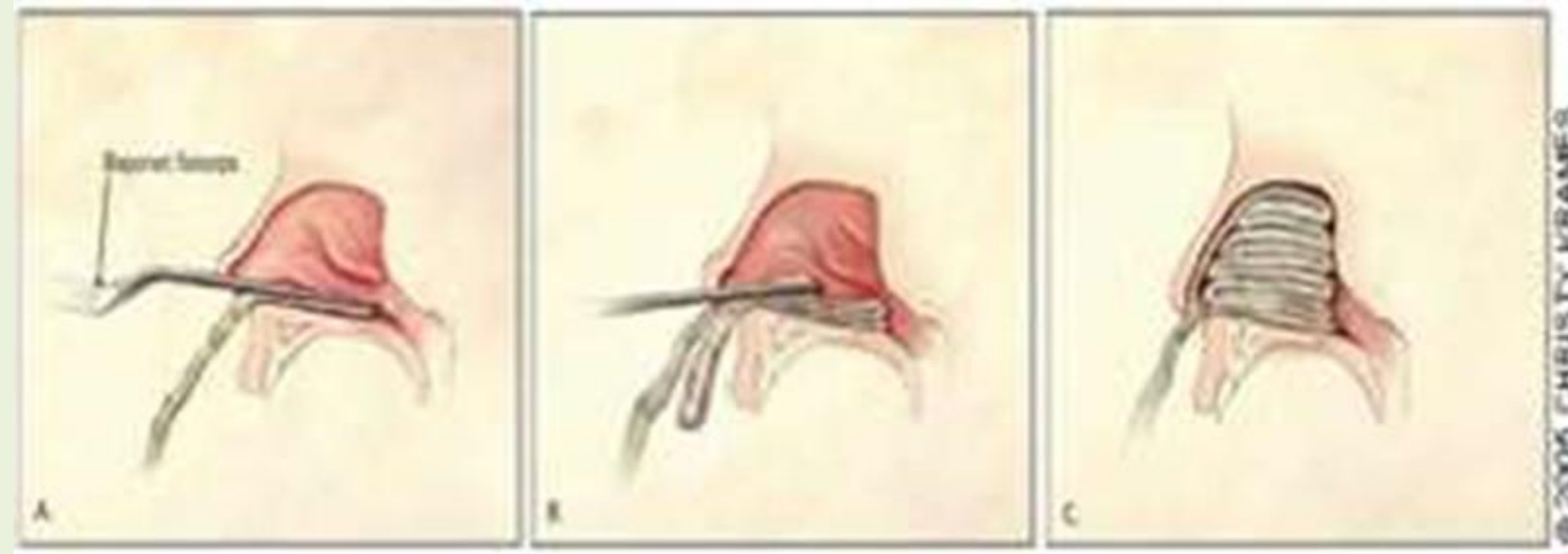


ANTERIOR PACKING OF THE BLEEDING NOSE



<u>Indication:</u>	<ul style="list-style-type: none">Controlling nose bleeds which are not controlled by pressure or lignocaine.
<u>Tools needed:</u>	<ul style="list-style-type: none">Gloves, 2% lignocaine jelly, lubricants such as petroleum jelly, Gauze ribbon, forceps, etc.
<u>Procedure:</u>	<ul style="list-style-type: none">Make the patient sit up with a back rest.Apply local anaesthetic such as lignocaine 2% to the nasal mucosaPrepare a long ribbon gauze piece and smear it with abundant lubricant such as petroleum jellyUsing the help of a scalpel, the gauze pieces have to be layered one upon each other, packing it from anterior to posterior, as depicted in the diagram below.The gauze should be pushed in back as far as possible. Packing is continued until the anterior nasal cavity is filled.







PREVENTION OF EPISTAXIS



- Keep fingernails short to prevent injuring the nostril
- Blow nose gently and without too much force
- In winter, can use a vaporizer in the room if prone to nose bleeds
- Apply a thin coating of petroleum jelly inside each nostril daily in the dry season. The inner lining will then be moist.

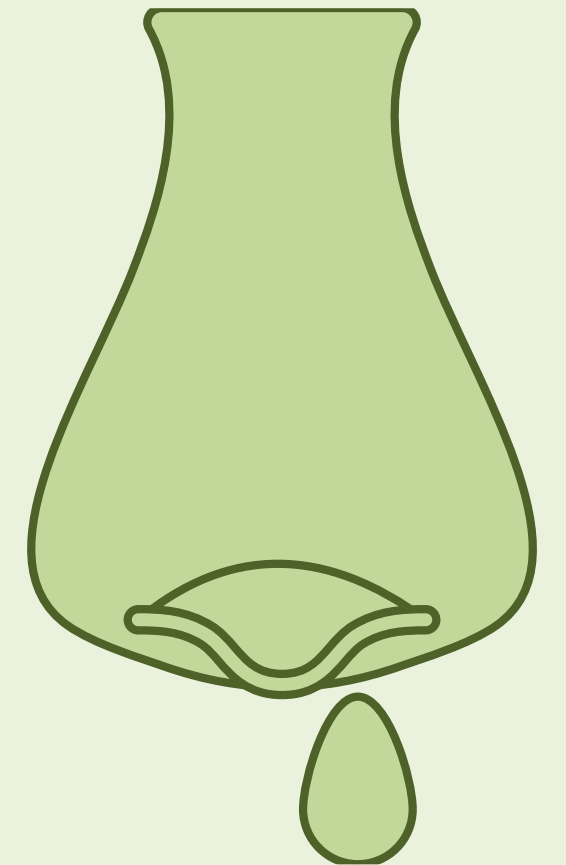




RESPONSIBILITIES OF CHO IN MANAGING EPISTAXIS



- First aid
- Check for high blood pressure or any other injury
- Refer, if nose bleed does not stop after 15 minutes
- Follow up all cases that are referred or treated
- Health education: focus on awareness of how to prevent nose bleeds
- Keep records of all cases and report on a monthly basis to the PHC





FOREIGN BODY IN NASAL CAVITY



FOREIGN BODY IN NASAL CAVITY



- Foreign objects may enter the nose either accidentally, or children may insert objects into their noses.
- If the object is hygroscopic (eg. vegetable or seed), it swells up and causes difficulty in breathing; may even be aspirated into the airway.

Clinical Features

- History of foreign body entering the nose
- Pain in the nose
- Difficulty in breathing
- Discomfort and watering of nose and eyes





FOREIGN BODY IN NASAL CAVITY



Management at SHC-HWC

- If superficial, visible, and not a sharp object, attempt to remove it. Otherwise, refer to the Specialist at the DH
- Forceps may be used to remove the foreign body at the SHC-HWC.
- If the patient is breathless and gasping, call an ambulance and urgently refer to an ENT specialist

When to refer to an ENT specialist

- Small child who cannot stay in one position to attempt removal
- Sharp objects
- Objects appear deep in the nasal cavity or tightly impacted
- Any kind of discharge from the nose
- Previous removal attempt was unsuccessful





EVALUATION



A. Give any 2 indications for referral in case of nose bleed?

B. A child is brought to the HWC with a piece of the blade in the nostril visible from the outside. The CHO should try to remove the blade with forceps. **True/False**

C. ----- % of lignocaine jelly is used for anterior packing of the bleeding nose.

D. Posterior bleeds are less common, and ----- to control.

E. approach is used to deliver first aid to the person in case of choking.

F. When a person presents to the HWC with a nose bleed, first of all the CHO should ----- the person.



EVALUATION



A. Give examples of any 2 types of URIs?

High B.P. and uncontrolled epistaxis despite local pressure >20 mins.

B. A child is brought to the HWC with a piece of blade in the nostril visible from the outside. The CHO should try to remove the blade with forceps.

False

C. ----- % of lignocaine jelly is used for anterior packing of the bleeding nose.

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D. Posterior bleeds are less common, and ----- to control.

Difficult

E. When a person presents to the HWC with a nose bleed, first of all, the CHO should ----- the person.

Reassure



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Thank You

