



Common ENT Complaints (THROAT) For CHO/SN





COMMON PROBLEMS OF THROAT



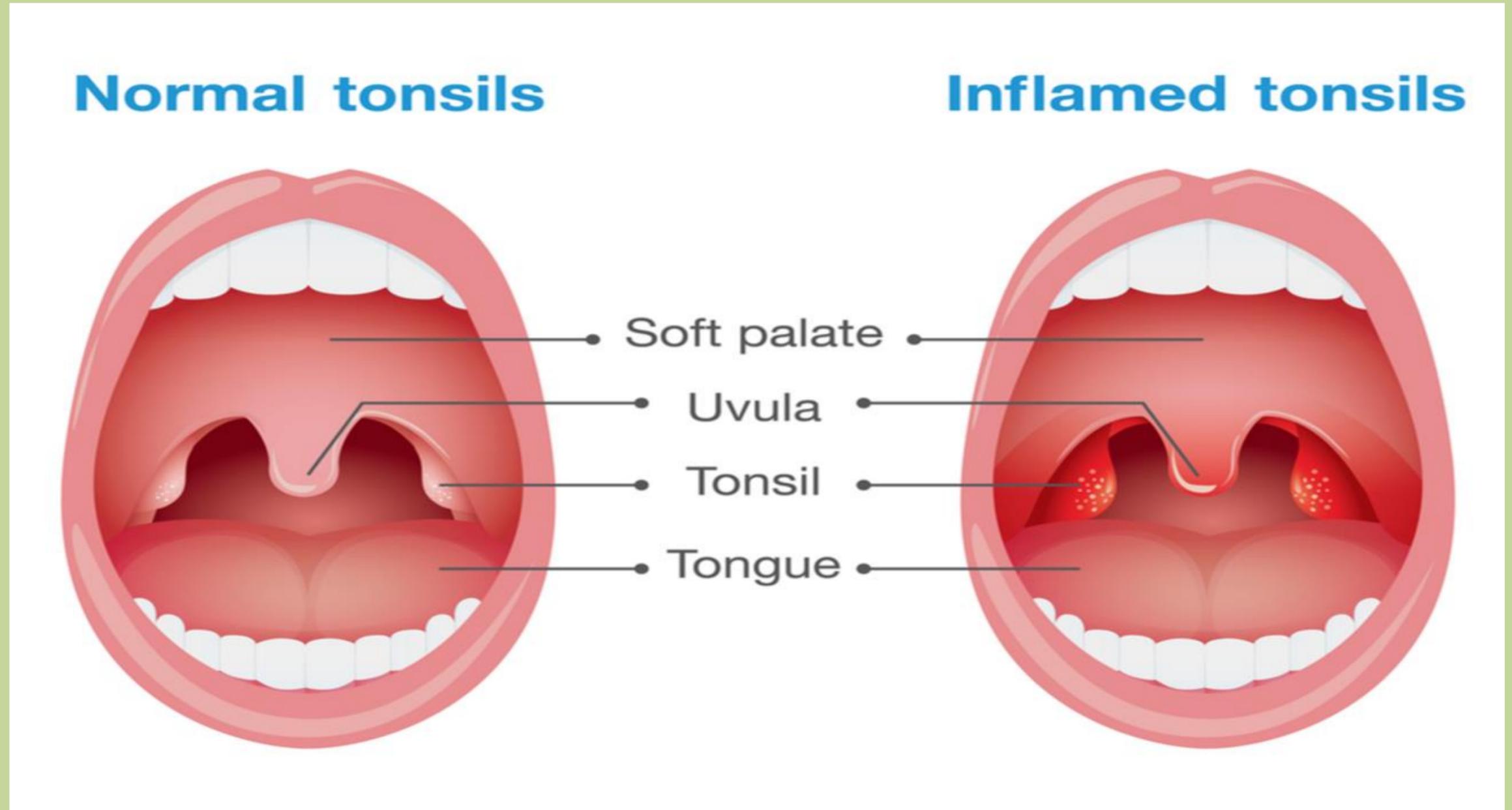
Acute tonsillitis

Acute epiglottitis

Foreign body in air passage



- A pair of special tissues situated at the back of the throat
- Often, especially in children, get infected and inflamed





ACUTE TONSILLITIS: SIGNS AND SYMPTOMS

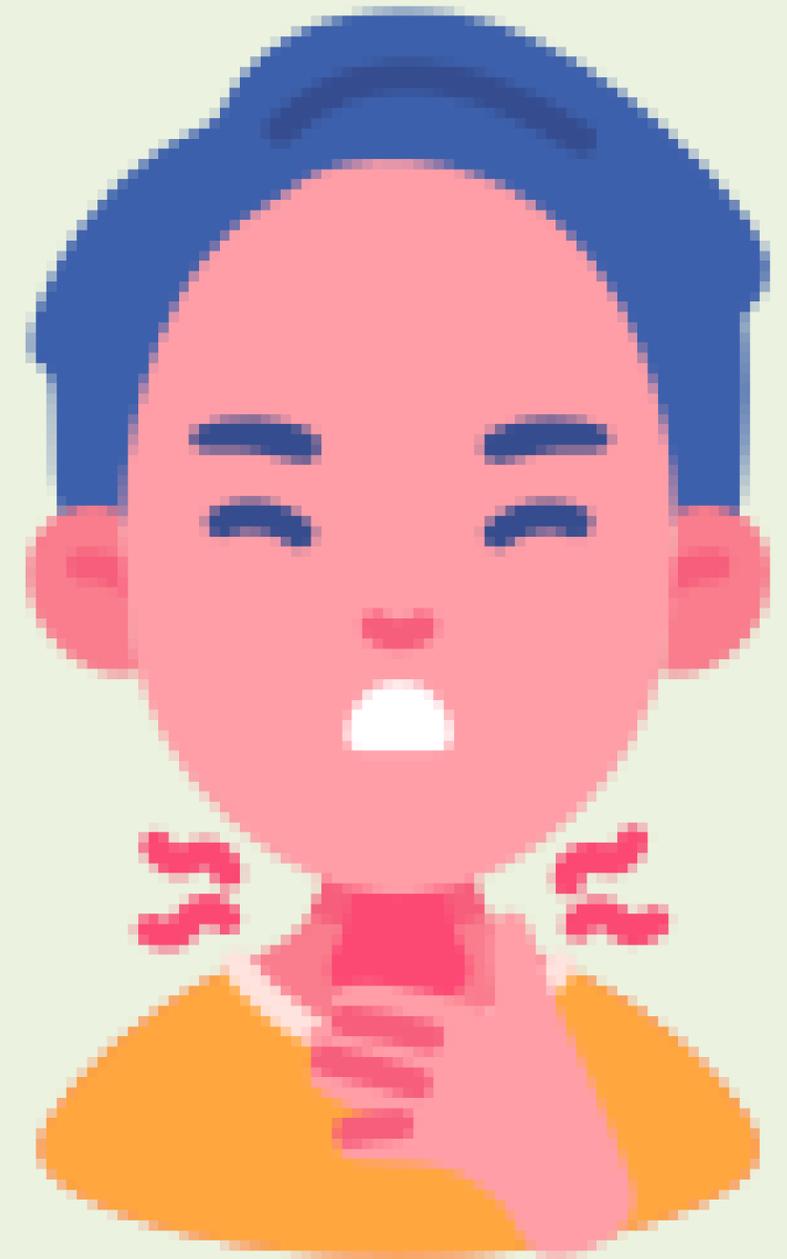


Symptoms:

- Sore throat
- Difficult or painful swallowing
- Fever
- Earache
- Change in voice
- General symptoms like headache, body ache etc.

Signs:

- Red and swollen tonsils
- May be studded with follicles or membrane
- White or yellow coating or patches on the tonsils
- Enlarged, tender glands in the neck





MANAGEMENT AT SHC-HWC

Most of the cases with
tonsillitis can be managed by
medicines alone

Warm Saline Gargles /
betadine gargles, 3-4 times a
day



MANAGEMENT AT SHC-HWC

T. Paracetamol (500 mg) 3 times a day/
Syrup Paracetamol 10-15mg/kg body
weight 3 times a day

T. Amoxicillin (500 mg) 3 times a day/
Syrup Amoxicillin 40mg/kg/day in 3
divided doses for Paediatric age group)
(can only be prescribed by a doctor-
the CHO will consult the MO-PHC for
antibiotics)

If the symptoms persist, then the person
must be referred to an ENT specialist or
to the DH for investigations (Blood
counts, throat swab, Chest x-ray)



MANAGEMENT AT SHC-HWC

Some patients may need to undergo surgery for cure

Indications for surgery

- Recurrent infection of the throat (7 or more episodes in 1 year or 5 episodes per year for 2 years or 3 episodes per year for 3 years)
- Association with febrile seizures
- Tonsillar swelling causing airway obstruction
- Difficulty in swallowing/ speaking, suspicion of cancer
- Cases not responding to antibiotics



RESPONSIBILITIES OF CHO IN MANAGING TONSILLITIS



Check	Check the throat of all those who complain of sore throat or difficulty in swallowing
Advise	Advise warm saline gargles and avoiding any cold, oily or spicy foods
Antibiotic	If tonsils are inflamed or there is an exudate, the patient will require antibiotics, refer the patient to the MO-PHC to initiate antibiotics. Ensure that the patient is taking the full course of antibiotics and other medicines prescribed
Follow up	Follow up all cases. If there is no improvement in a week, refer the case back to higher centres where there is an ENT specialist
Health education	During health education sessions, emphasize on importance of avoiding dust, keeping the throat moist by sipping water often and maintaining good personal hygiene
Keep	Keep records of all cases updated

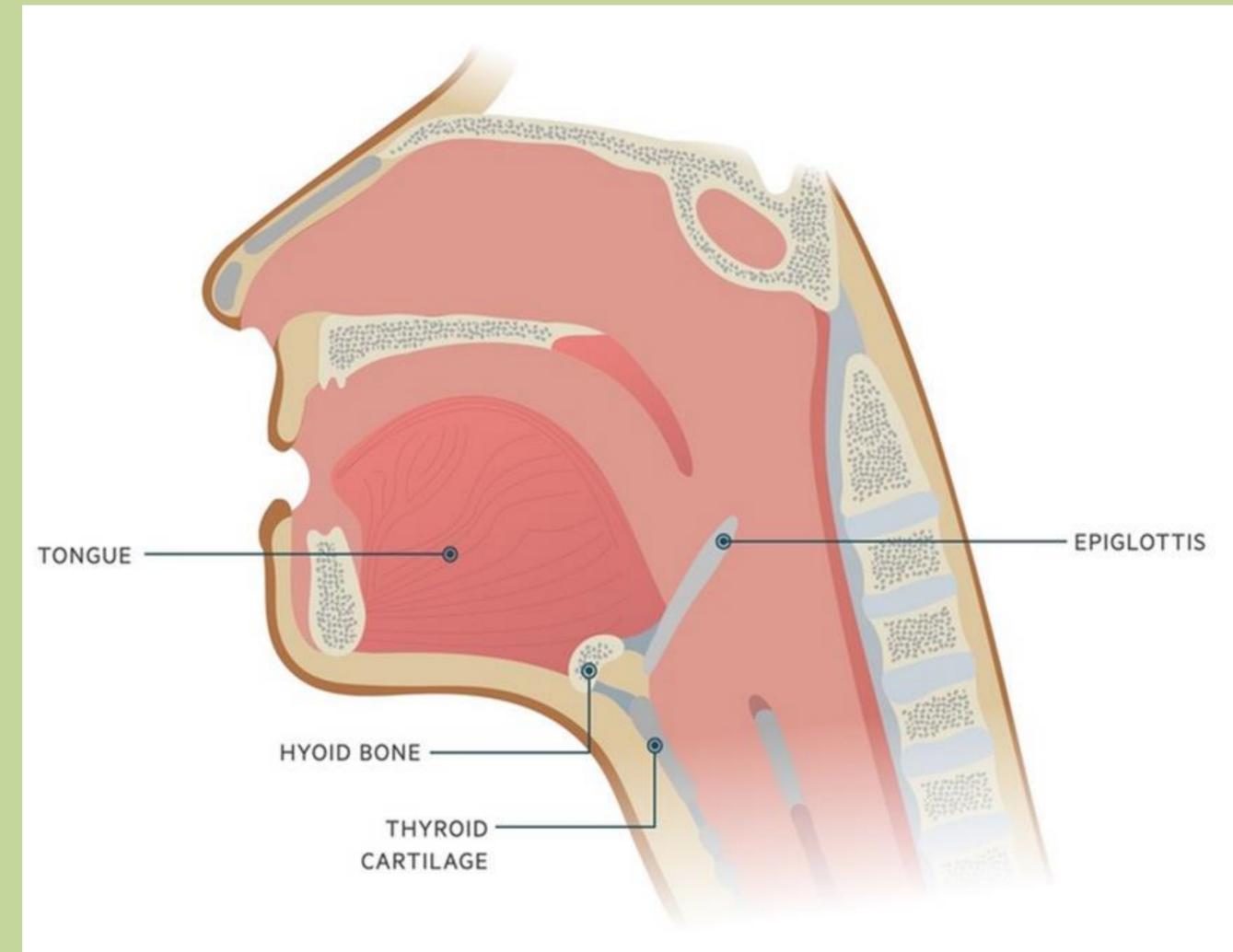




ACUTE EPIGLOTTITIS



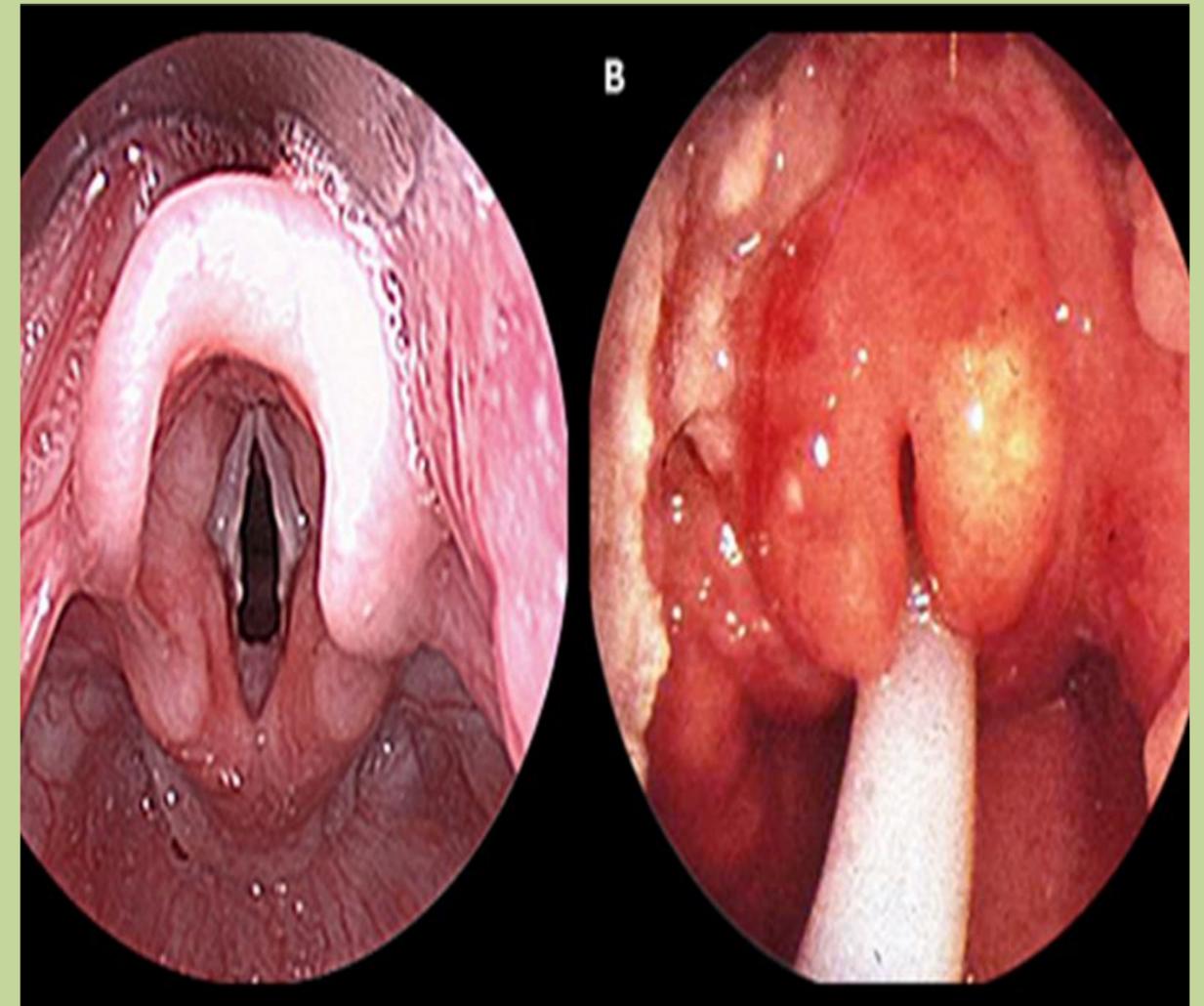
- A very serious/dangerous condition which mostly affects children of 2–7 years of age
- Rapidly progressive infection causing inflammation of the epiglottitis (the flap that covers the trachea) and tissues around the epiglottitis that may lead to abrupt blockage of the upper airway and death. The infection is usually caused by bacteria



ACUTE EPIGLOTTITIS

Clinical features

- Sudden onset of symptoms
- Difficulty in breathing
- Noisy breathing
- Very high fever
- Sore throat and difficulty in eating





MANAGEMENT AT SHC-HWC OF ACUTE EPIGLOTTITIS

Children with this infection must be hospitalized because there is danger of respiratory tract obstruction and death

Child might be unable to swallow, therefore, intravenous fluids and antibiotics have to be started urgently

Immediately refer the child to a higher centre where ENT specialist or pediatrician is available



RESPONSIBILITIES OF CHO IN MANAGING ACUTE EPIGLOTTITIS



- If you see a child with breathlessness, noisy breathing and fever, immediately refer the patient to an ENT specialist to initiate treatment
- Follow up the child once he/she returns from the facility to ensure that he/she is taking the full course of antibiotics and other medicines prescribed
- Follow up all cases. If there is no improvement in a week, refer the case back to higher centres where there is an ENT specialist
- During health education sessions, emphasise on maintaining good personal hygiene
- Pentavalent vaccine (given at 6, 10 and 14 weeks of age) is protective against this disease. Ensure that all children are fully immunized
- Keep records of all cases updated



FOREIGN BODY IN AIR PASSAGE

Foreign body aspirated into air passage is an emergency

Object can lodge in the back of the throat, voice box or upper lung tubes called bronchi

Location of impaction depends on the size of the foreign body

More common in children (50% of them are below 4 years) but can also occur in adults



FOREIGN BODY IN AIR PASSAGE



Clinical features:

- Foreign body in back of throat: there will be an initial period of choking, gagging and wheezing
- Then it may be coughed out or it may lodge in the larynx
- Foreign body in voice box (larynx) – will have discomfort, pain in throat, hoarseness of voice, cough, and difficulty in breathing, wheezing and coughing of blood
- Foreign body in upper tube (Tracheal): A sharp object will produce cough and hemoptysis (blood in sputum)





MANAGEMENT AT SHC-HWC

A person can suspect there is a foreign body if there is a sudden choking after eating food, or sudden bout of cough, discomfort and difficulty in breathing

Steps to perform in case of choking

- If the person is able to cough forcefully, the person should keep coughing
- If the person is choking and can't talk, cry or laugh forcefully, the American Red Cross recommends a "five-and-five" approach to delivering first aid



FIVE-AND-FIVE APPROACH IN CASE OF CHOKING



- Give 5 back blows. Stand to the side and just behind a choking adult. For a child, kneel down behind. Place one arm across the person's chest for support. Bend the person over at the waist so that the upper body is parallel with the ground. Deliver five separate back blows between the person's shoulder blades with the heel of your hand
- Give 5 abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich maneuver)
- Alternate between 5 blows and 5 thrusts until the blockage is dislodged





WHEN TO REFER TO AN ENT SPECIALIST



- If above methods fail
- If patient is turning blue (facial skin colour turning blue- cyanosis)
- If patient become unconscious
- If suspected foreign body is poisonous
- If patient require immediate investigation (like X-ray) to locate the position of the object





Responsibilities of CHO in managing foreign body in airways





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Thank You

