

ENT conditions

Z. Rozkydal

Choking child

Food, small objects in the mouth
cause blockage in the airways

First aid

Encourage him to cough

Back blows – 5

Abdominal thrust – Heimlich maneuver

- pull sharply inwards in the epigastrium five times

Repeat these steps three times

Coniotomy, coniotomy

Call 155

CPR

Transport

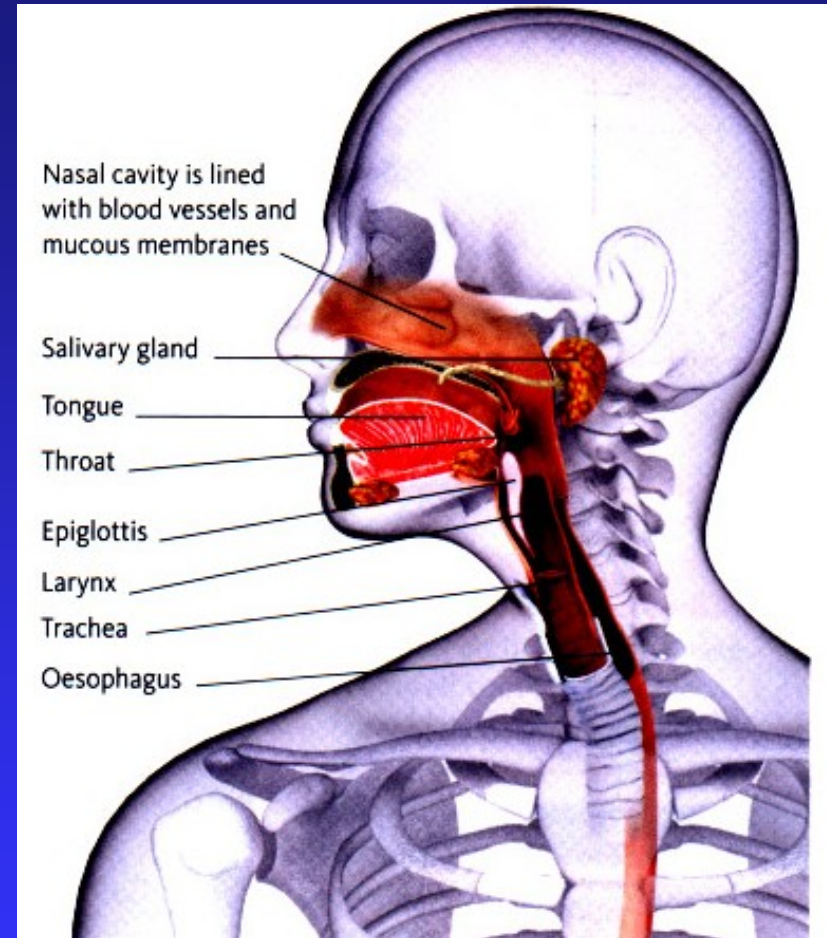
Croup

Epiglottitis acuta

Attack of difficult breathing
Inflammation in larynx and in the windpipe
Infection in the throat, swollen throat
Complete block of the airways- can be fatal
Children 2-7 years
Haemophilus influenzae type b

Signs
Stridor, rasping noise
Blue- grey skin, cyanosis
Respiratory distress, movements
of the chest wall

Rapid progression in minutes !!
High mortality



Croup

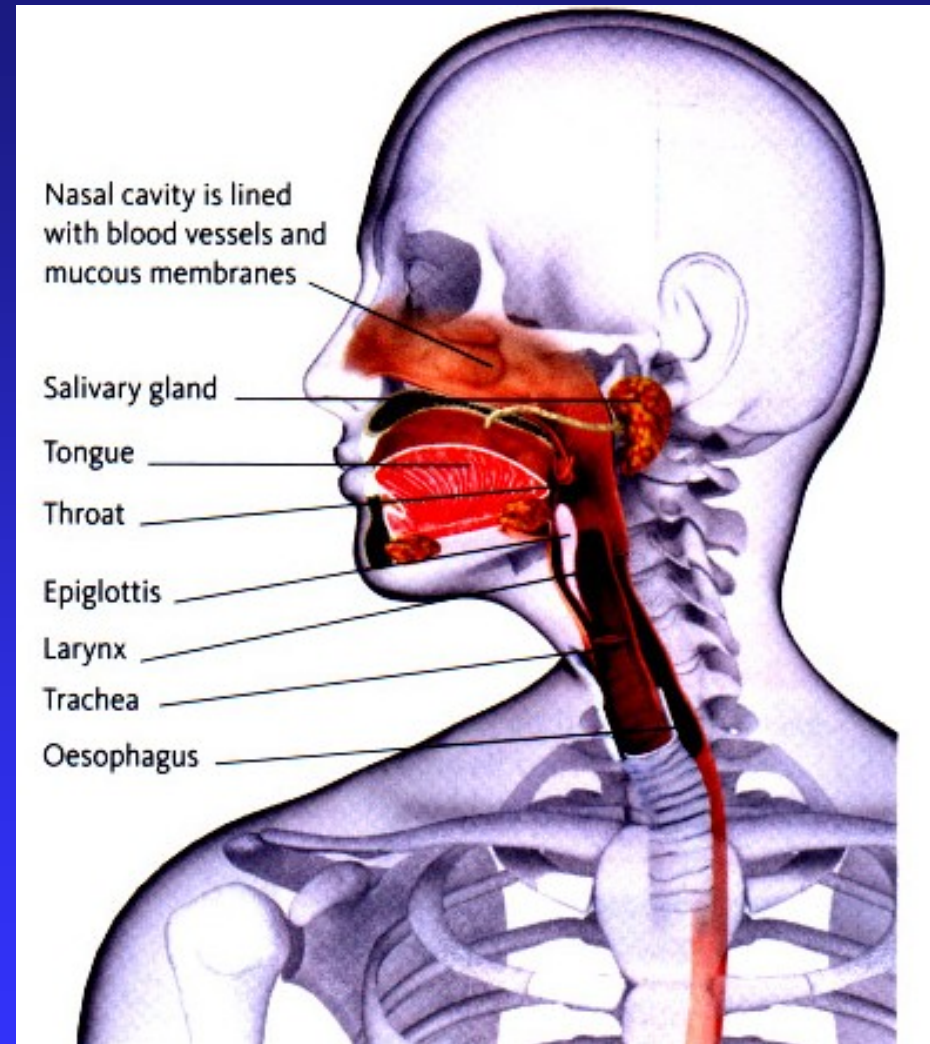
Epiglottitis acuta

First aid

Coniopuncture

Coniotomy

Transport



Otitis media acuta

Inflammation through Eustach tube into middle ear

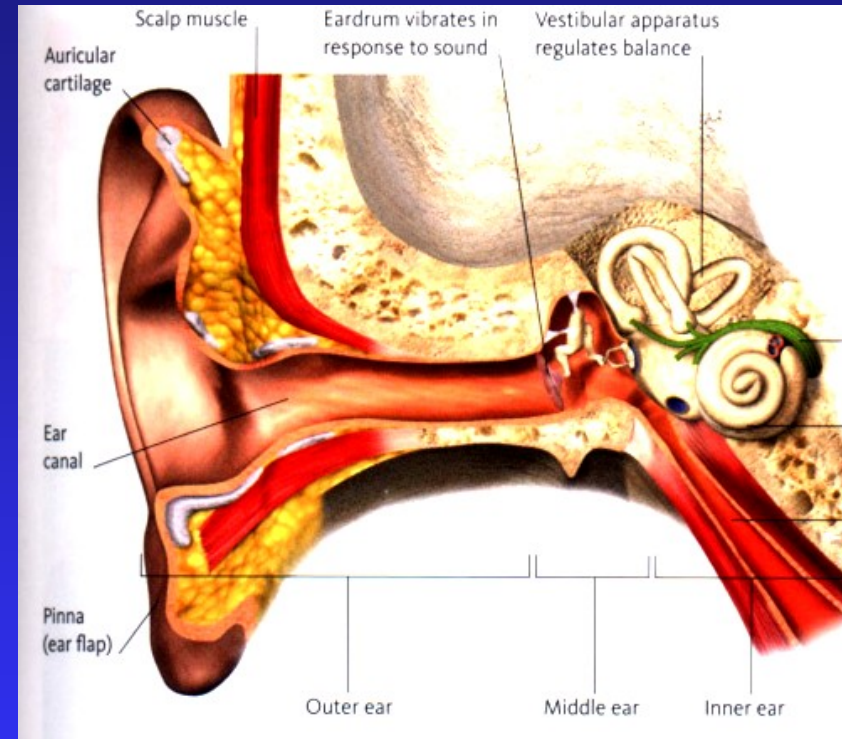
Signs

Pain, fever, diminished hearing, nausea

Pus discharging from the ear

Management

Paracentesis, antibiotics



Outer ear

middle ear

inner ear

Tonsillitis acuta

Signs

Throat pain, difficult swallowing, fever

Management: antibiotics

Complications: abscess,
rheumatoid fever in beta-haemolytic
streptococcus infection

Sinusitis acuta

Signs

Headache, pain in maxilla, fever

Management: antibiotics, puncture, surgery

Epistaxis – nose bleeding

Causes

Spontaneous bleeding from locus Kisselbachi
Haematological disorders, trombocytopenia,
liver disorders, anemia, hypertension etc.

First aid

Bendig of the head forward, pressure on the locus Kisselbachi
for 5 minutes, cold compresses
Gelaspone

Haemoptysis

Bleeding into the airways

Causes

Carcinoma of the larynx, TB, infections, coagulopathy, cardiovascular disorders, etc.

Signs

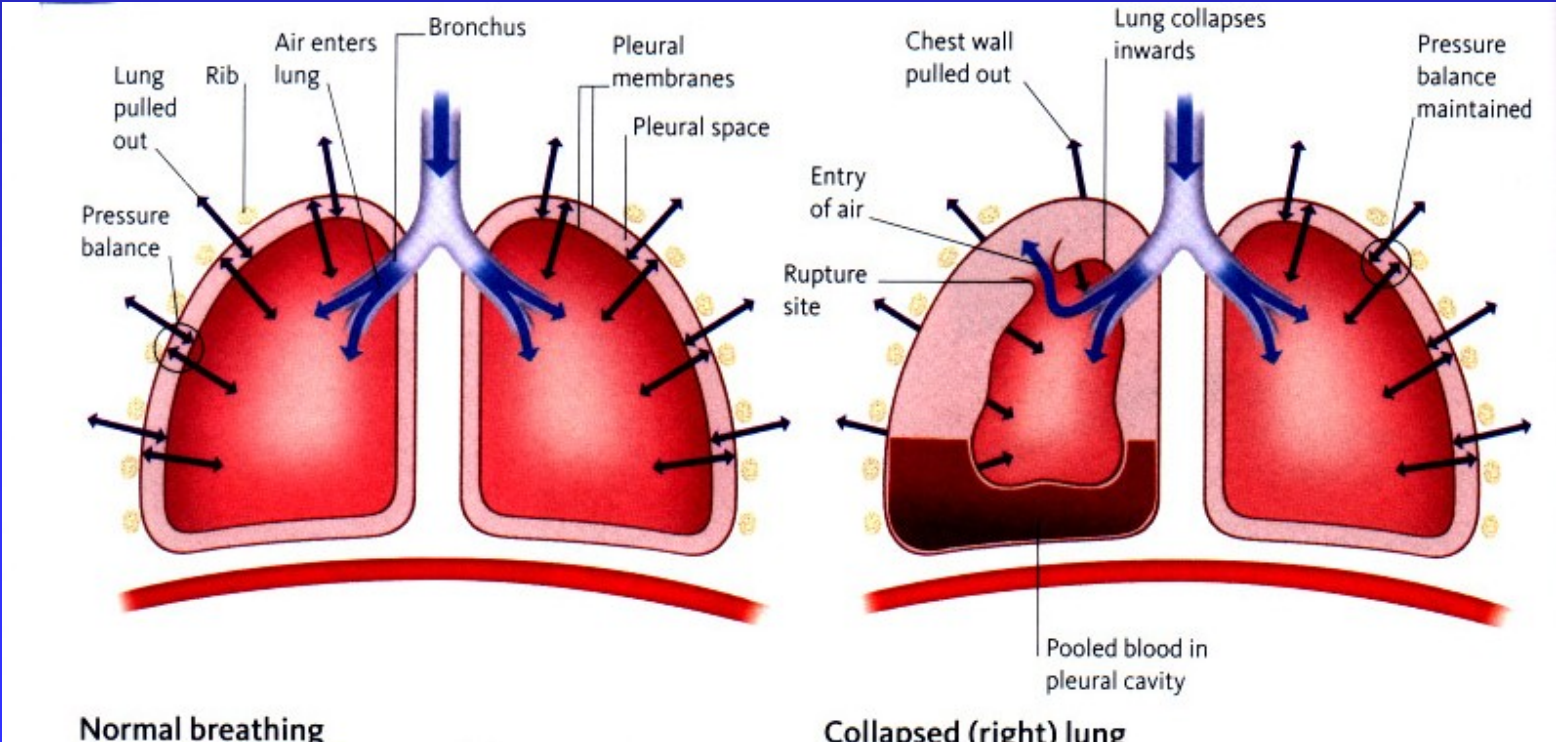
Cough, haemoptysis, dyspnoea, pressure in the chest wall
haemorrhagic shock

First aid

Encourage the cough, positioning, raising of the legs

Pneumothorax – air in the ribcage

- Penetrating chest wound
- Puncture of the rib to the chest wall
- Two-layered membrane – pleura- is perforated
- Physiological negative pressure- the lung is inflated
- In a case of penetrating wound- pressure in pleural cavity is positive- the lung collapses
- Severe damage to the organs, shock



Signs

Difficult and painful breathing

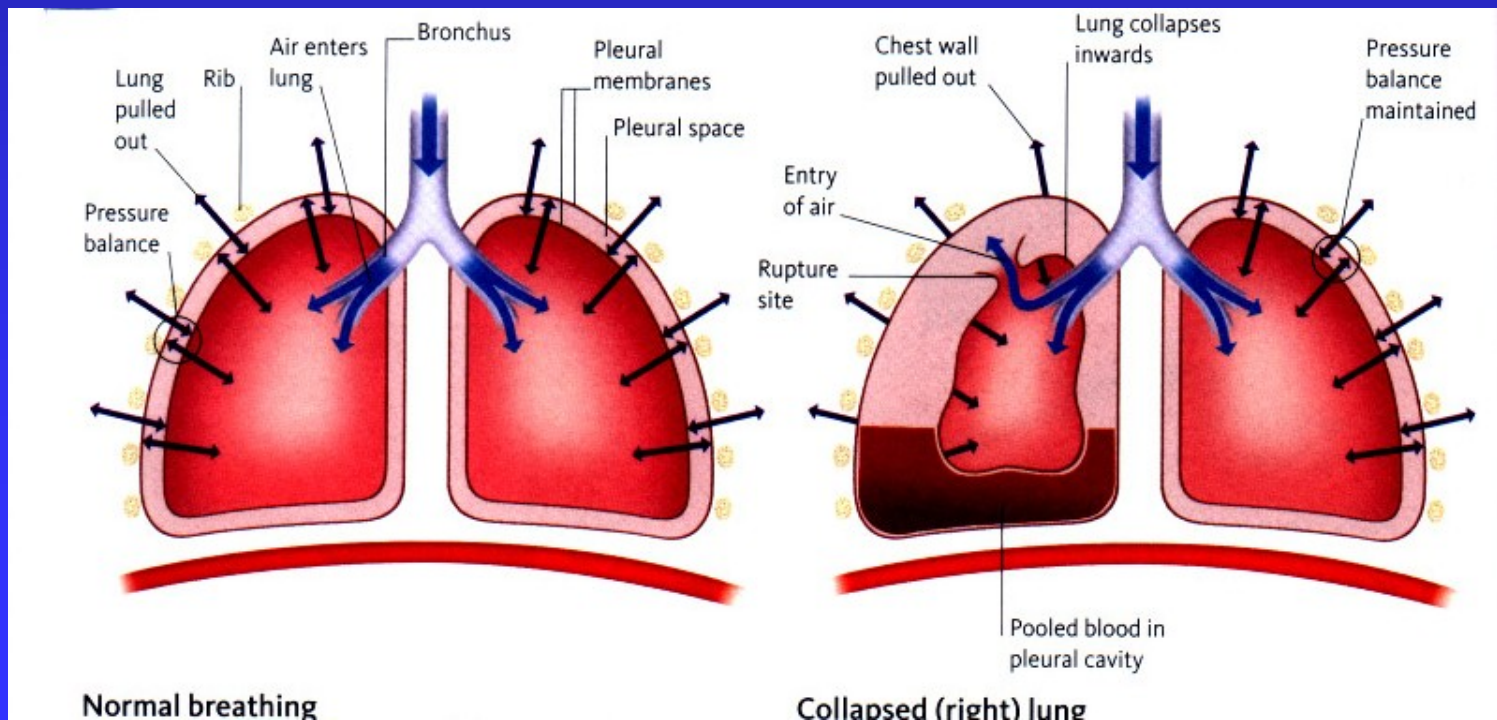
Cough- frothy red blood

Cyanosis

Veins in the neck are prominent

Blood bubbling out of the wound

Sound of the air sucked into the chest



First aid

To seal the wound and maintain breathing

To minimise the shock

Urgent removal to the hospital

1. Closed pneumothorax

- early recovery, spontaneous healing

2. Open pneumothorax

Three layers: 1. sterile dressing, 2. plastic bag, foil, kitchen film
3. secure with adhesive tape on three edges

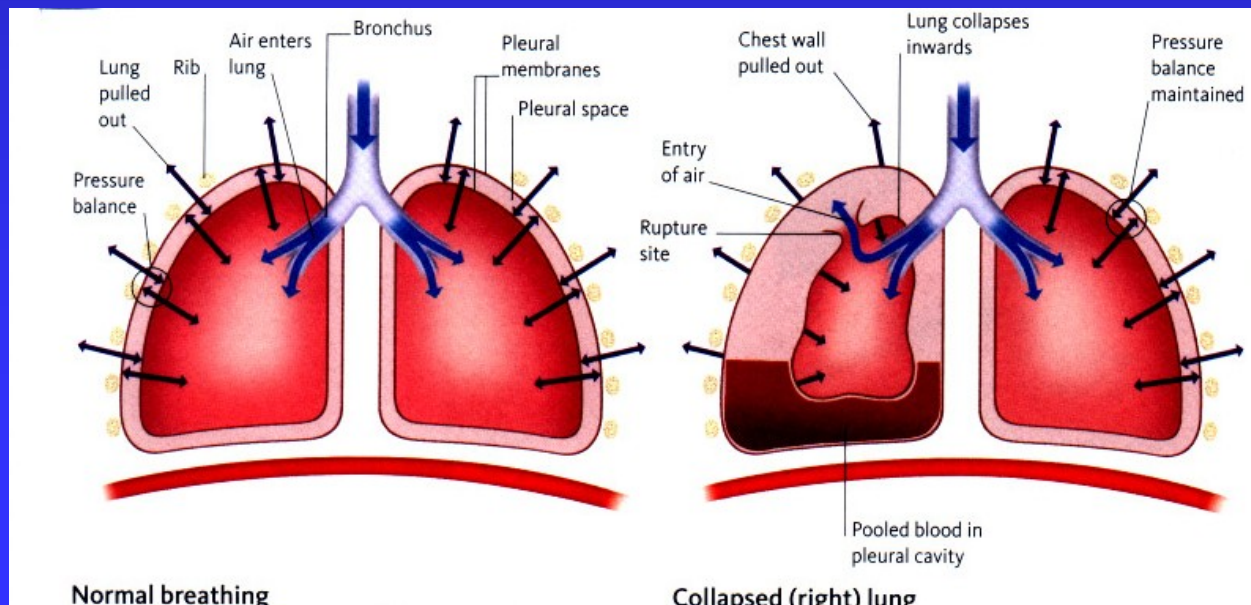
3. Tension pneumothorax

Breathing in- the air goes into the pleural cavity

Breathing out- the wound is closed

Increasing pressure as well to the opposite lung

More pronounced signs- shock



Tension pneumothorax

First aid

Cover the wound

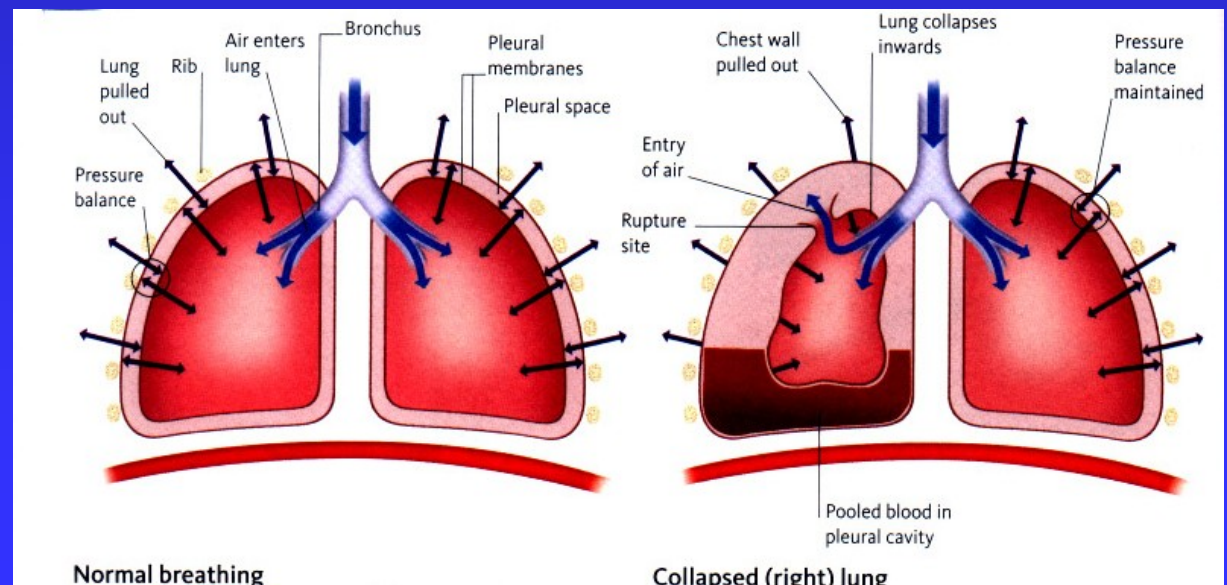
Half sitting position or recovery position if he is unconscious

Transport

Puncture of the pleural cavity

Drainage of the pleural cavity

Ventilation



Haemothorax

Blood collects in the pleural cavity

Damage to the lungs or vessels
Puts pressure on the lungs

Signs: pain in the chest wall, dyspnoea
shock

First aid

Sterile dressing of the wound

Half sitting position

Minimise the shock

Management

Puncture of the pleural cavity

Drainage, surgery, blood transfusion

