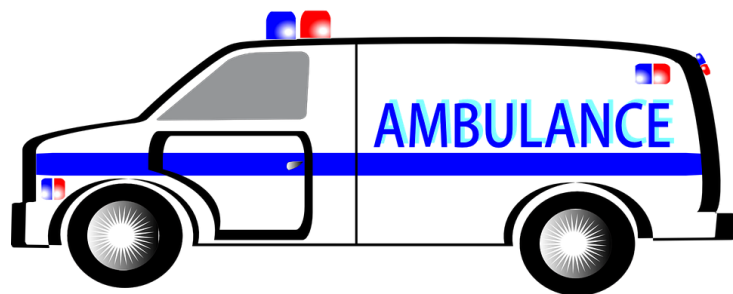


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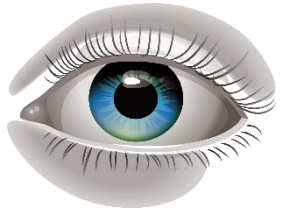
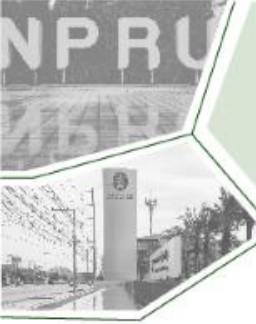


# Unit IX

## Classification signs and symptoms of urgent and emergency



Wanpen Waelveerakup, RN, PhD  
Ruffel Joy C. Manalo, RN, MAN  
Faculty of Nursing  
Nakhon Pathom Rajabhat University



# Eye Ear Nose Throat Emergencies



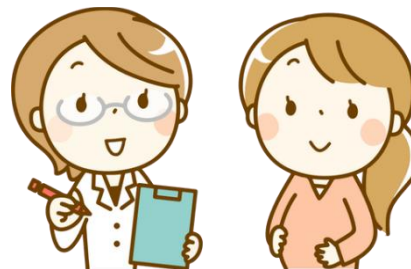


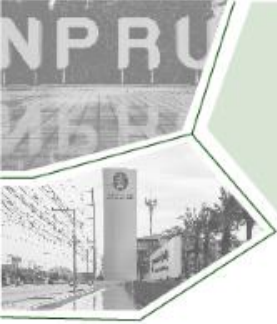
# LEARNING OBJECTIVES OF THE TOPIC



**After studying this topic, students will be able to ....**

1. Identify signs / symptoms of emergency in the eyes, ears, nose and throat .
2. Describe how to manage or act in the event of emergencies in the eyes, ears, nose and throat.





## SCOPE OF TOPIC

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**Identify and manage according to the scope of practice**

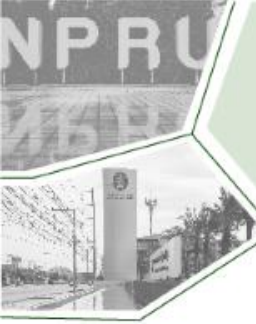
**Eye Emergency**

**Nose Emergency**

**Ear Emergency**

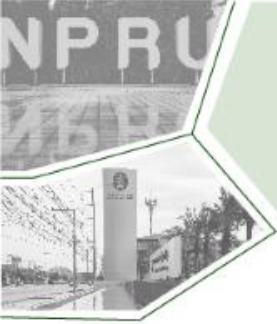
**Throat Emergency**





# Eye Emergency





# EYE EMERGENCY

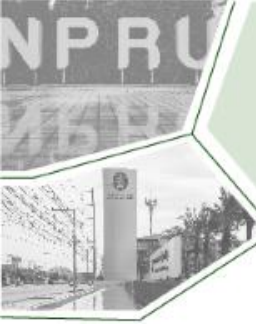
มหาวิทยาลัยราชภัฏนครปฐม  
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**Refers to the condition that occurs which is harmful to the eyes and vision.**

1. Injury due to accident/s or being hurt
2. Insects or foreign body retained in the eyes
3. Chemical burns





# EYE EMERGENCY<sub>1</sub>

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(need to refer<sub>1</sub>)

## 1. Blunt trauma

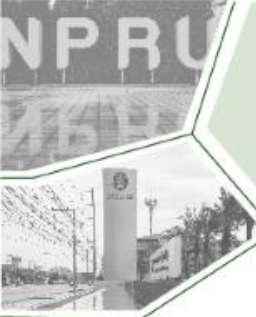
### 1.1 Laceration or tearing of the eyelid



Wound care

**\*\*** Refers to the repair and suturing if not it might have difficulties to heal





# EYE EMERGENCY<sub>1</sub>

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(need to refer<sub>2</sub>)

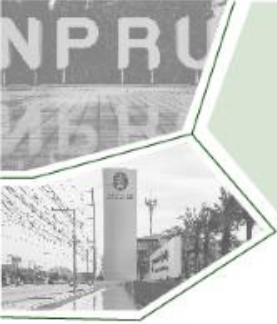
**1.2 Puffy eyes or Edema, ecchymosis, bleeding,  
may also have fracture**



**\*\* Cold compress  
and then refer to the  
physician or hospital**







# EYE EMERGENCY<sub>1</sub>

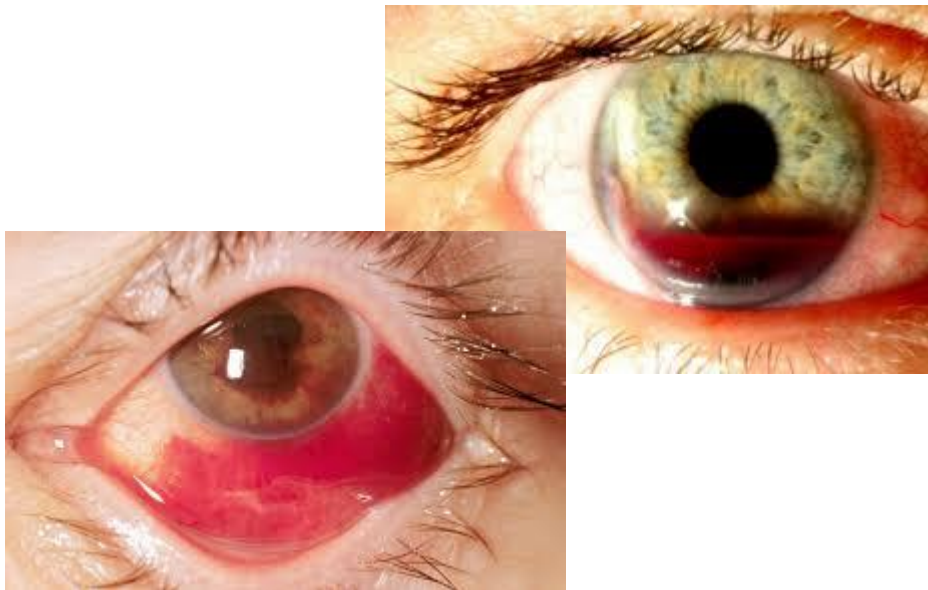
มหาวิทยาลัยราชภัฏนครปฐม  
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(need to refer<sub>3</sub>)

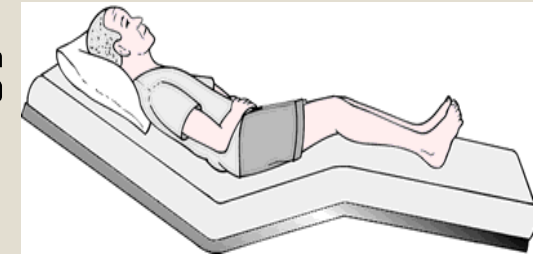
## 1.3 Hyphema (anterior chamber)

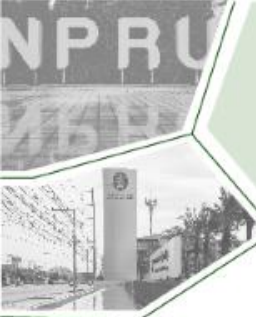
- Blurred vision, red eyes, eye pain.
- Project a flashlight to see the blood in the anterior chamber.



- Absolute bed rest with head elevated at 30-40 degrees

- Covering both eyes
  - Give medication to relieve pain
- \*\*** then refer to ....





# EYE EMERGENCY<sub>2</sub>

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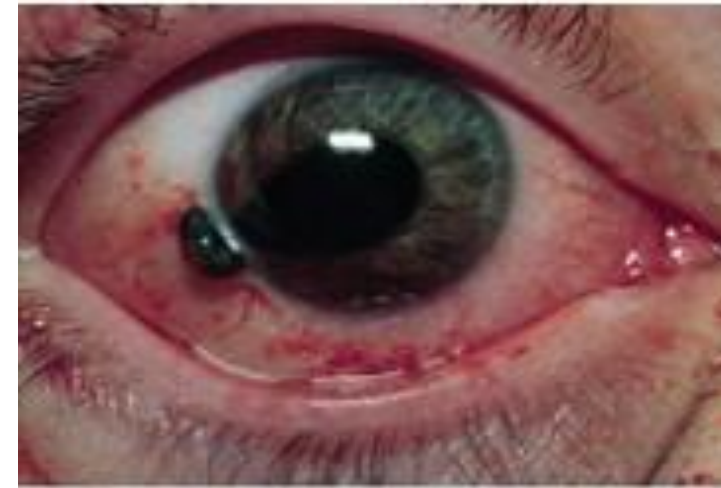


(need to refer<sub>4</sub>)

## 2. Retained foreign body

2.1 Foreign body entering such as the metal which firmly attached, eye irritation sensation, eye pain and tears

- Drop anesthetic (if able)
  - Give medication to relieve pain
- \*\* Refer immediately**



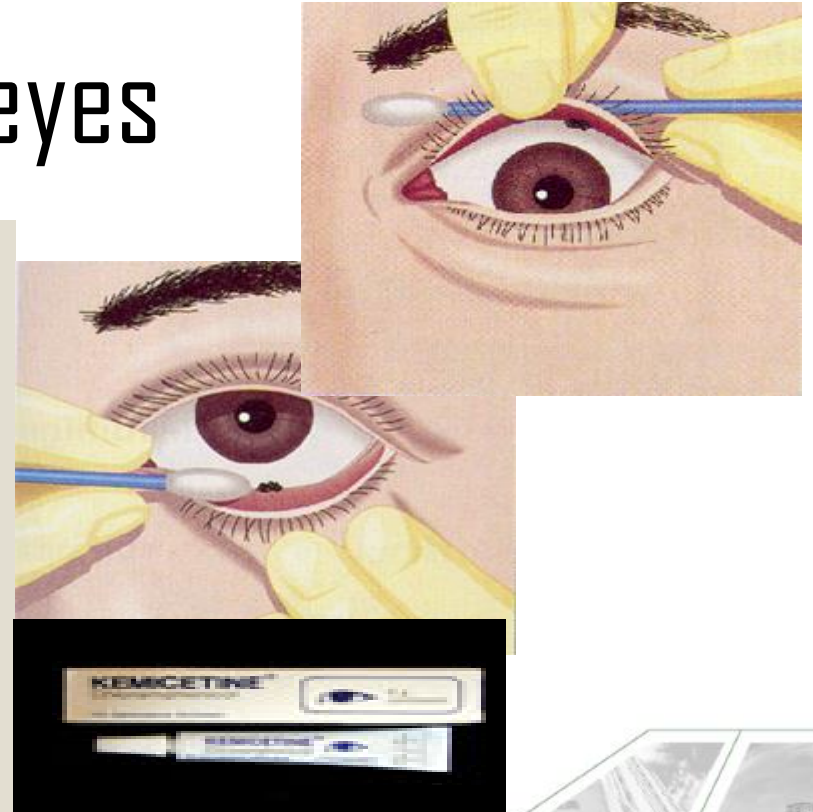
# EYE EMERGENCY 2

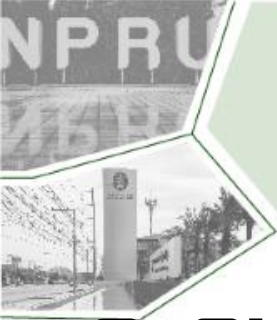


## 2. Retained foreign body

2.2 If foreign objects are clearly visible and the symptoms are just as irritating to the eyes

- to rinse or eye irrigation
- Applying Kemicetine ointment/ ATB
- \*\* Make an appointment to **follow up** the symptoms **in 24 hours**. If finding a wound on the cornea, refer to...





# EYE EMERGENCY<sup>3</sup>

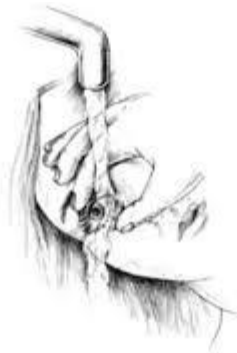
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## 3. Chemical burns may be acid or alkaline.

(need to refer<sub>5</sub>)

- Burning eyes, severe eye pain



การล้างควรใช้น้ำเปล่า ล้างโดยระวังอย่าให้น้ำที่ล้างไปโดนทำอันตรายส่วนอื่น

- Eyes irrigation with NSS for about ½ hours. Use NSS for at least 2 liters. (With severe pain, apply anesthetic before performing procedure) **\*\* Refer to ...**





# EYE EMERGENCY 4

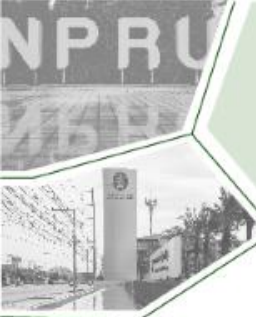


## 4. Subconjunctival hemorrhage

- Visible bleeding under the sclera after rubbing the eyes vigorously, severe coughing or sneezing,
- Patient clearly eye vision



- If Patient clearly eye vision, the symptoms will disappear within 2 weeks. If there are other symptoms such as blurred vision, refer to...



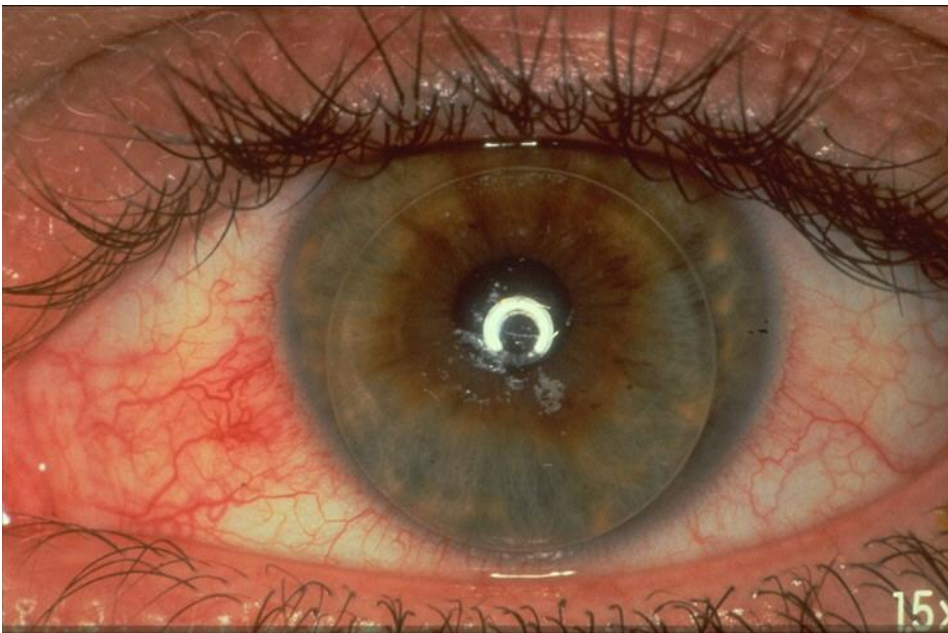
# EYE EMERGENCY 5

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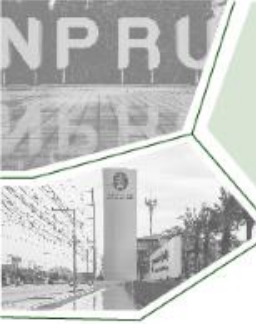
## 5. Circumcorneal injection

- Headache, extreme eye pain, vision not clear/ blurred vision



- Eyes Covering  
**\*\* Refer immediately**





# EYE EMERGENCY 6

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## 6. Conjunctival tear

- Vision clearly, normal cornea



- Apply antibiotic eye drop or eye ointment and then refer..





# EYE EMERGENCY 7



## 7. UV keratitis



- Apply antibiotic eye drop or eye ointment and
- \*\* Cover the eyes then refer...

University of Essex

### Ultraviolet (UV): risk to eyes

UV – Keratitis, cornea turns white (6 -12 hours after exposure), retina damage

Retinal damage caused by a class 3 laser reflected off a mirror. Permanent vision damage.

(Source: <http://www.auppa.org.uk/index.php/2012-01-10-20-18-28/general-news/55-laser-pointers>)

# EYE EMERGENCY 8



## 8. Perforated cornea

The cornea penetrates, with tissue in the compartment.  
The eyeball is dislocated.

\*\*\* Do not apply eye drop nor eye ointment ,  
do not cover the eyes \*\*\*

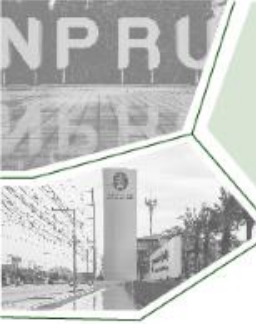
- NPO

- Use eye shield or glasses

- Providing TT (According to standard guidelines)

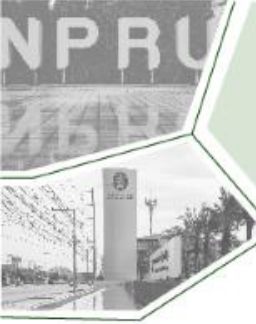
\*\*\* Refer \*\*\*



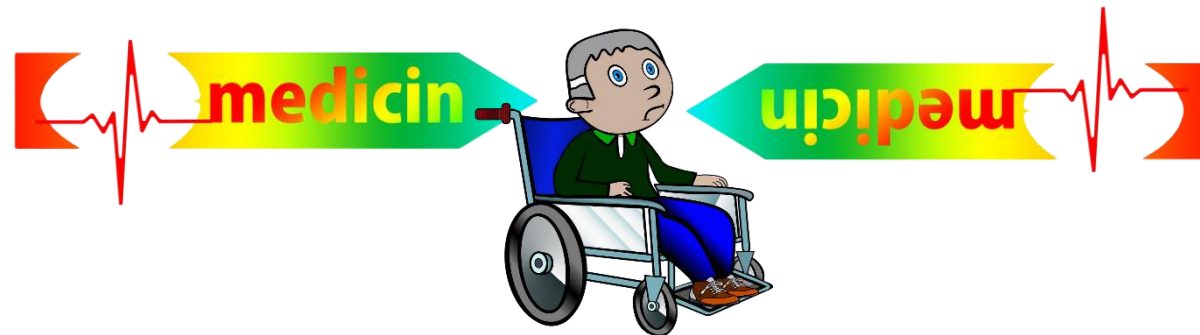


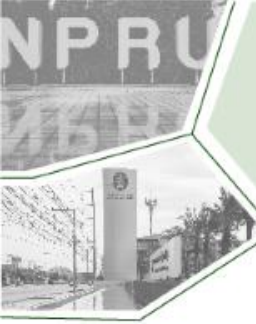
Station no.2





# Ear Emergency





# Ear Emergency

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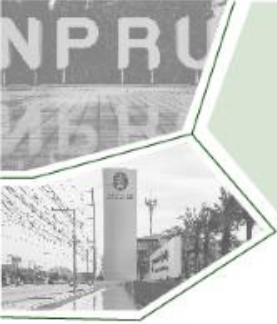


**Refers to the condition that occurs which is harmful to the ear and hearing.**

1. Injury or accidental injury
2. Insects or foreign objects entering the ear
3. Tinnitus due to changes in atmospheric pressure due to high altitude or diving





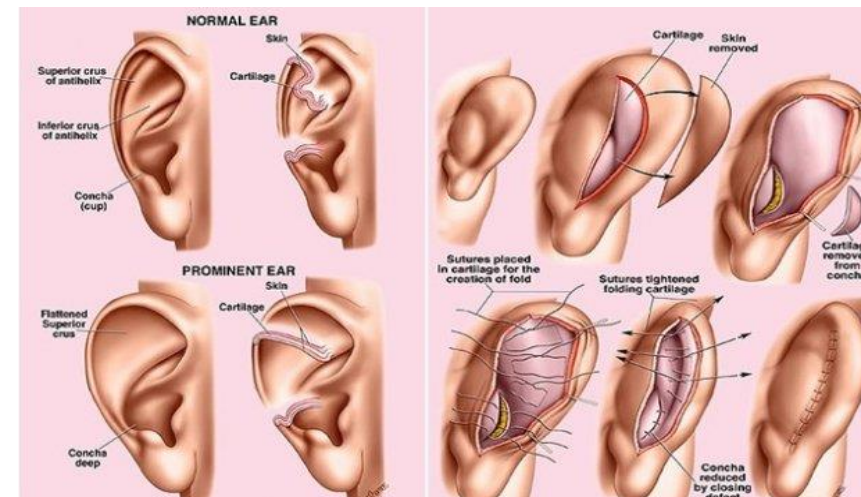


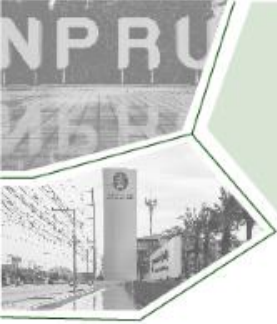
# Ear Emergency 1

## 1. Pinna laceration

Refer for repair and suture

- Wound care
- Give painkillers
- Refer...





# Ear Emergency 2

## 2. Bleeding or

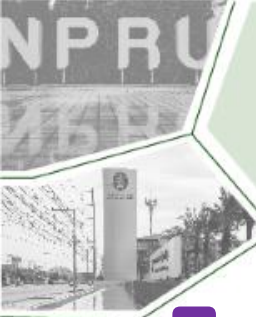
Cerebrospinal fluid (CSF) flowing out of the ear.

Emergency

- Absolute bed rest
- \*\*Refer...**







# Ear Emergency 3

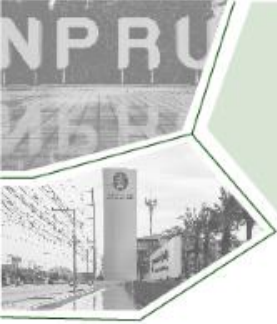
## 3. Retained foreign body into the ear

### 3.1 Various objects retained in the ear, severe ear pain



- Check if it is visible, shallow, can be removed with ear forceps
- If the retained foreign body are not visible, or cannot removed \*\*refer to...





# Ear Emergency 3

## 3.2 If water enters the ear,

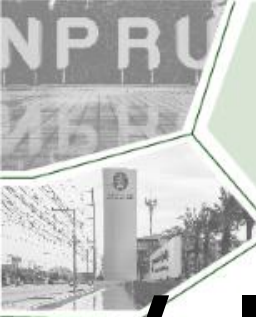
-Tinnitus or ringing in the ears immediately



Can provide care

- ■ Use water drops to combine with water that is left behind. Then leaned on the front and then dry the ear canal.





# Ear Emergency 4

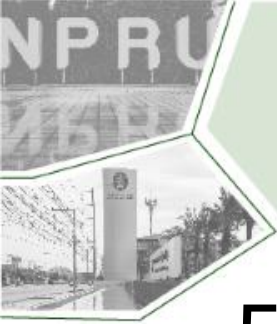
## 4. Insects in the ear

- Severe ear pain, if the insect is not dead, there will be abnormal sounds in the ears



- Project flashlight into the ear canal, live insects may crawl out by themselves.
- If the dead insects are shallow, take it out.
- If the insects are still alive and invisible, also the eardrum doesn't perforated, drop the ear with oil, 70% alcohol, or glycerin borax. When the insects die but not out should forward to perform ear irrigation (Do not perform if lack of training)





# Ear Emergency 5

## 5. Tympanic membrane tear or perforate from ear picking

- Symptoms of tinnitus, ear pain

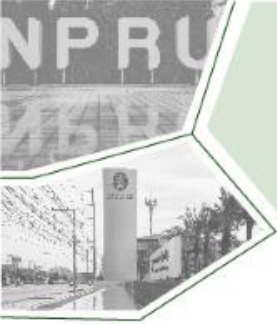


Can provide care



- Do not use ear drop medicine or picking or perform ear irrigation
- Give painkillers ... paracetamol ...
- Continuous monitoring, Normally, the ear membrane can be healed itself within 3-7 days.
- If discharge occurs from the ear, refer...





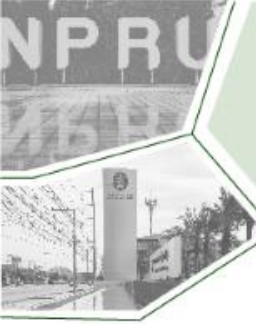
# Ear Emergency 6

## 6. Tinnitus, ear pain due to changes in atmospheric pressure

Can provide care

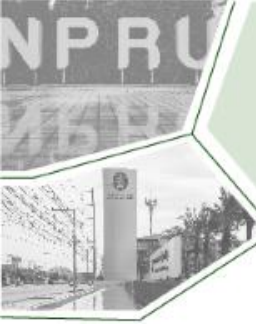
- Recommended to swallow or do Valsalva
- Give painkillers (paracetamol) and decongestant medications (such as pseudoephedrine).
- If symptoms do not improve, refer to...





Station no.3

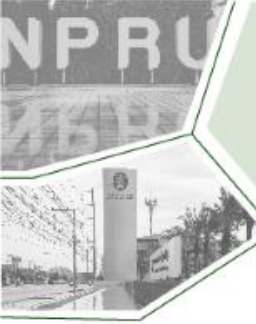




# Nose Emergency







# Nose Emergency 1

1. Epistaxis with a history of chronic diseases such as HT, nasopharyngeal cancer, or blood diseases



Have the patient sit, bend his head slightly forward

- Squeeze the nose tightly for 5-8 minutes by breathing through the mouth instead.
- Apply to the nose area with cold compression.
- Refer to ...





# Nose Emergency 2



## 2. Epistaxis from the anterior septum

The cause is usually due to nose picking, or have symptoms when the weather is dry, such as winter

Can provide care



- Follow step 1, if the blood has not stopped, use a cotton ball moistened with adrenaline 1:1,000 and hold it for approximately 10 minutes.  
(No perform with HT. patient)

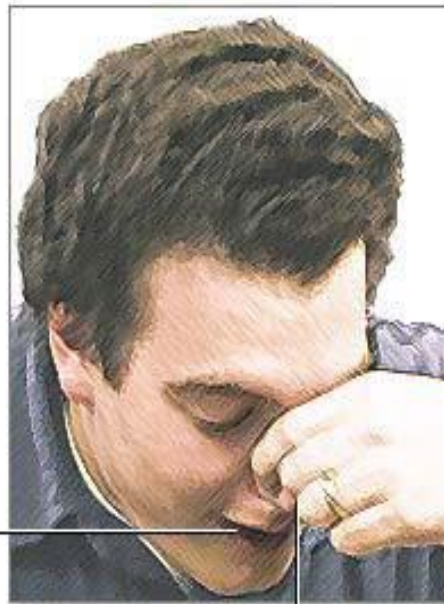




# Epistaxis from anterior septum



Sit and lean  
forward slightly



Breathe through  
mouth

Pinch nostrils

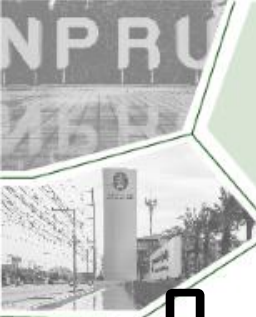
ADAM.

Do



Don't do





# Nose Emergency 3

3. Retained foreign body inside a nose,  
most often found in children

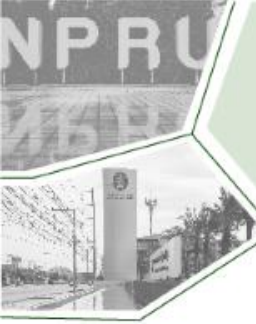


Can provide care



- If visible, fix and remove it using nasal forceps.
- If invisible and the child is very writhing, refer....

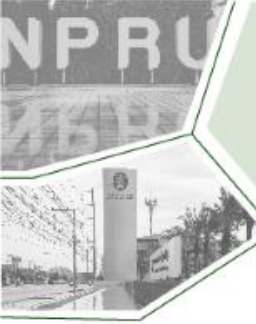




Station no.4

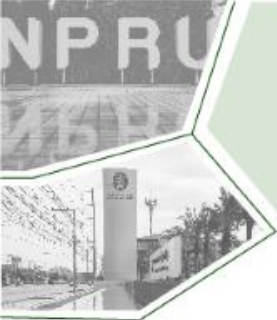






# Throat Emergency



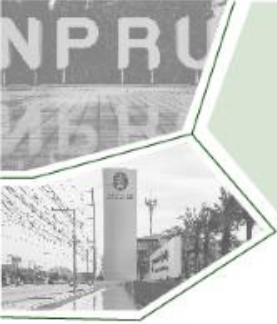


# Throat Emergency

Refers to a throat emergency, most often due to a foreign object stuck in the throat or a severe infection causing obstruction in the respiratory tract.





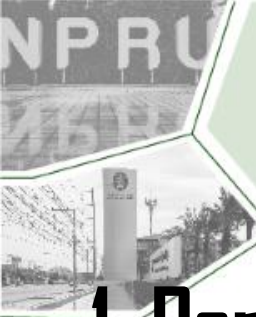


# Throat Emergency <sub>1</sub>

## Emergency

1. Large foreign objects, such as large pieces of food stucked in the upper respiratory tract resulted in signs / symptoms of
  - Dyspnea
  - Aspiration, Cyanosis, and breathing collapse

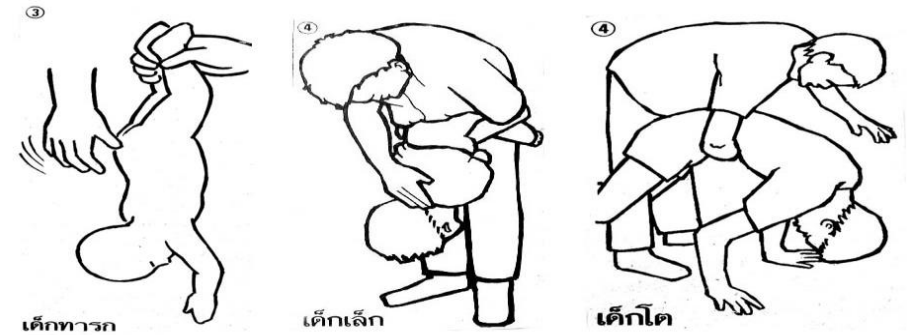




# Throat Emergency 1

1. Perform **Heimlich Maneuver** or abdominal thrust immediately at the scene.

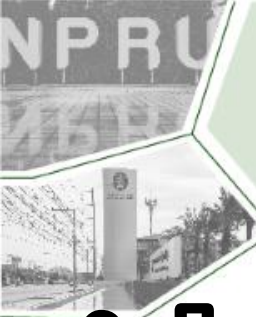
- With his hands clasped together
- Press down on the upper abdomen



In **young children**, hold the lap and then slap the back or hold it with the baby upside down, with the arms and hands held to keep the head slightly low. The other hand gently pat on the back.

If **unsuccessful**, lie the patient down. perform the ABCs and refer immediately to...





# Throat Emergency 2

**2. Small foreign objects** such as fish bones, animal bones, staples

- It hurts every time to swallow. (If sometimes hurts may have already fallen)

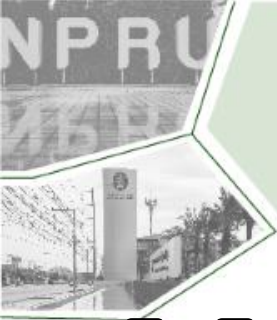
Emergency

- If visible and shallow take it out using a laryngeal mirror to help vision.
- If deep or not visible, refer to a physician doctor.



Picture available from  
<https://www.tradesabai.com/index.php?topic=930.0>





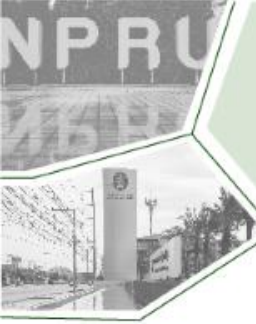
# Throat Emergency 3

**3. Some foreign bodies that have swallowed may be dangerous, such as batteries or sharp objects.**



Need more investigation

▪Refer...



# Throat Emergency 4

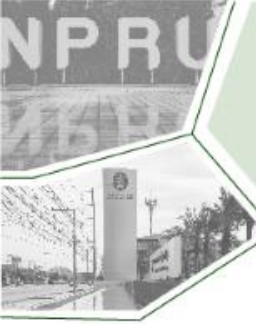
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4. Laryngeal infections are more common in children, such as croup, diphtheria, stridor, and suprasternal notch retraction

Emergency





# TOPIC SUMMARY

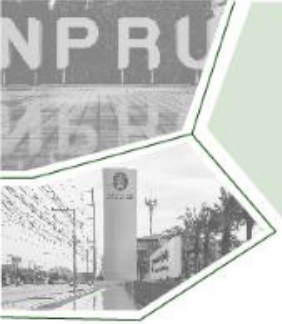
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1. Critical judgment in identifying signs/symptoms of emergency in the eyes, ears, nose, and throat are very important and needed to be memorized.
2. With proper skills in managing or acting in the event of emergencies in the eyes, ears, nose, and throat can save a decrease in the risk of permanent disability.







# Thank You!

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