Learning Objectives

- Describe etiology, demographics, history, physical findings for following conditions:
  - Lice
  - Impetigo
  - Lesions
  - Headache
  - Bell’s palsy
  - Ludwig’s angina

Learning Objectives (Cont’d)

- By using patient history, physical examination findings, develop treatment plan for patients with following conditions:
  - Lice
  - Impetigo
  - Lesions
  - Headache
  - Bell’s palsy
  - Ludwig’s angina
Learning Objectives (Cont'd)

- Describe etiology, demographics, history, physical findings for following conditions:
  - Conjunctivitis
  - Inflammation of eyelids
  - Glaucoma
  - Central retinal artery occlusion
  - Retinal detachment

Learning Objectives (Cont'd)

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  - Inflammation of the eyelids
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Learning Objectives (Cont'd)

- Describe etiology, demographics, history, physical findings for following conditions:
  - Ear foreign bodies
  - Vertigo
  - Tinnitus
  - Otitis externa
Learning Objectives (Cont'd)

By using patient history, physical examination findings, develop treatment plan for patients with following conditions:
- Ear foreign bodies
- Vertigo
- Tinnitus
- Otitis externa

Learning Objectives (Cont'd)

Describe etiology, demographics, history, physical findings for following conditions:
- Epistaxis
- Nose foreign bodies
- Piercing
- Rhinitis

Learning Objectives (Cont'd)

By using patient history, physical examination findings, develop treatment plan for patients with following conditions:
- Epistaxis
- Nose foreign bodies
- Piercing
- Rhinitis
Learning Objectives (Cont’d)

- Describe etiology, demographics, history, physical findings for following conditions:
  - Thrush
  - Broken, missing, loose teeth
  - Sore throat
  - Epiglottitis
  - Peritonsillar abscess

Learning Objectives (Cont’d)

- By using patient history, physical examination findings, develop treatment plan for patients with following conditions:
  - Thrush
  - Broken, missing, loose teeth
  - Sore throat
  - Epiglottitis
  - Peritonsillar abscess

Specific Head & Face Disorders

- Lice
  - Wingless insects, live in human hair
  - Highly transmittable person-to-person
  - Children, 4-10 years
  - Other potential hosts
Specific Head & Face Disorders (Cont’d)

- Lice
  - Small white clusters (nits) around root of hair
  - Cover head during transport
  - Notify receiving facility on arrival
  - Wash hair multiple times with specific lice shampoo, using fine toothed comb to remove any remnants

Specific Head & Face Disorders (Cont’d)

- Impetigo
  - Highly contagious, caused by staphylococcal/streptococcal bacteria
  - Typically affects young children

Specific Head & Face Disorders (Cont’d)

- Impetigo
  - Typically on face, extremities
  - Use standard precautions
  - Instruct patient not to scratch infected area
  - Consider covering lesions with nonstick dressing
Specific Head & Face Disorders (Cont'd)

- Impetigo
  - Handwashing reduces spread
  - Keep all items used by patient separate until thoroughly washed with soap, water
  - Treated with antibiotics

Specific Head & Face Disorders (Cont'd)

- Lesions
  - Chickenpox, measles, acne, cancers, allergic reactions

Specific Head & Face Disorders (Cont'd)

- Lesions
  - Rule out infectious causes
  - Allergic reaction
  - Diet changes, medication, personal care products
  - Color, texture, size, shape of eruption
  - Standard precautions
  - Keep lesion area clean, dry
Specific Head & Face Disorders (Cont'd)

- Headaches
  - Common complaint
  - Extreme, require immediate assistance
  - Migraine headaches, women
  - Cluster headaches, males

Specific Head & Face Disorders (Cont'd)

- Headaches
  - Evaluate persistent/severe, recurring headaches
  - Life-threatening causes
  - Non-life-threatening causes
  - Location, quality

Specific Head & Face Disorders (Cont'd)

- Headaches
  - Precipitating factors
  - Mitigating/worsening factors
  - Head trauma history
  - Meningeal irritation signs
Specific Head & Face Disorders (Cont’d)

- Headaches
  - Supportive care
  - Transport for headaches, life-threatening conditions
  - Frequent headaches, keep log

Specific Head & Face Disorders (Cont’d)

- Bell’s palsy
  - Inflammation of facial nerve
  - Herpes simplex
  - Stroke-like appearance
  - Marked facial drooping on one side

Specific Head & Face Disorders (Cont’d)

- Ludwig’s angina
  - Bacterial infection of floor of mouth
  - Marked redness, swelling of 1 side of face
  - Base of ear extending down into neck, up under chin
  - Swelling can push tongue up/back, covering airway
  - Potentially life-threatening
Specific Eye Disorders

- Conjunctivitis
  - Inflammation of conjunctiva
  - Thick, sticky drainage
  - Conjunctival space bright red, swollen
  - Purulent drainage

Specific Eye Disorders (Cont’d)

- Eyelid inflammation
  - Most from bacteria
  - Chalazion, small bump on eyelid
  - Hordeolum, acute infection of eyelid glands
  - Topical antibiotics, warm compress

Specific Eye Disorders (Cont’d)

- Glaucoma
  - Eye disease, may cause blindness
  - Pressure builds up in the eye, damages optical nerve
  - Acute attack of narrow-angle glaucoma
    - Severe eye pain, headache, photophobia, nausea, vomiting
Specific Eye Disorders (Cont’d)

- Glaucoma
  - Cornea may look cloudy, pupils irregular margins
  - Acute narrow-angle glaucoma, medical emergency

Specific Eye Disorders (Cont’d)

- Central retina artery occlusion
  - Blood supply to retina blocked
  - Sudden, painless loss of vision in one eye
  - Rapid loss of vision, emergency
  - Retinal damage begins within 30-60 minutes
  - High BP can increase risk

Specific Eye Disorders (Cont’d)

- Retinal detachment
  - Rhegmatogenous
    - Tear develops
  - Tractional
    - Scar tissue on retina pulls it loose
  - Exudative
    - Tumor, injury, disease causes retina elevation
Specific Ear Disorders (Cont’d)

- Foreign bodies
  - Ear canal
  - Hearing change
  - Inspect auricle, external auditory canal
  - Never put anything into ear
  - Do not attempt extraction

Specific Ear Disorders (Cont’d)

- Vertigo
  - Out-of-control spinning sensation
  - Not relieved by lying down, worse when eyes are closed
  - Menière’s disease, labyrinthitis possible causes
  - Walking/standing difficult
  - Nausea, vomiting
  - Associated headaches

Specific Ear Disorders (Cont’d)

- Tinnitus
  - Continuous ringing
  - Allergic reactions, medications, Lyme disease, tumors/growths in head, foreign bodies in ear, diseases that affect ear
  - Little/no physical findings from patient assessment
  - Salicylate toxicity common cause
  - No definitive treatment
Specific Ear Disorders Otis Externa

- Otis externa
  - Swimmer’s ear
  - Redness, irritation of external auditory canal
  - Ear pain, may have associated tinnitus
  - External canal redness

Specific Nose Disorders

- Epistaxis
  - Vascular nature of nose, bleeding risk
  - Rupture of turbinates structures, significant hemorrhage
  - Lean forward, spit out blood that drains into mouth
  - Pinch nose halfway between the tip, face

Specific Nose Disorders (Cont’d)

- Foreign Bodies
  - Can be several days before being discovered
  - Drainage, smell
  - Do not remove in prehospital environment
Specific Nose Disorders (Cont’d)

• Piercing
  ➢ Lower nose, infection potential
  ➢ Respiratory region, bleeding if turbinate pierced
  ➢ Can result in abscess

Specific Nose Disorders (Cont’d)

• Rhinitis
  ➢ Environmental allergies
  ➢ Recent exposure to toxic materials
  ➢ Supportive care

Specific Mouth Disorders

• Thrush
  ➢ Fungal infection of mouth
  ➢ White, scaly patches on tongue, inside mouth, throat
  ➢ Fever, nausea, vomiting, diarrhea
  ➢ Antifungal medication
Specific Mouth Disorders (Cont’d)

• Broken, missing, lost teeth
  ➢ Determine if tooth aspirated into lung
  ➢ Assess for injury
  ➢ Rinse tooth in clean water, reinsert into socket per medical direction
    • If not possible, place tooth in milk/appropriate “tooth saver” solution

Specific Mouth Disorders (Cont’d)

• Sore Throat
  ➢ Viral infections, bacterial infections, breathing through mouth, moderate drainage from nose
  ➢ Systemic infection signs
  ➢ Encourage fluids

Specific Mouth Disorders (Cont’d)

• Epiglottitis
  ➢ Infected, swollen, block airway, death
  ➢ Immediate transport
  ➢ Cold, flu symptoms
  ➢ High-pitched, croup cough, drool excessively, tripod position
  ➢ Supportive

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Specific Mouth Disorders (Cont’d)

- Peritonsillar abscess
  - Significant tonsil infection
  - Sore throat, swallowing difficult
  - Differentiating from epiglottitis difficult
  - Easily gag/choke
  - Transport in position of comfort

Chapter Summary

- Head
  - Inspection, palpation primary ways to evaluate structures
  - Bleeding greater than seriousness of wound
  - Evaluate, reassure as needed

Chapter Summary (Cont’d)

- Head
  - Both sides of face symmetric on inspection
    - Gross deformities, droop on one side, further evaluated, caused by several different illnesses
    - Gross deformities of face typically result of trauma
    - Good history assists in decision-making process
• Eyes
  ➢ Oval-shaped eyeballs sit in bony orbital cavities
  ➢ Bones of orbits thin, susceptible to fracture from blunt force trauma
  ➢ Assessment primarily inspection
    • Look for drainage, redness, movement through fields of gaze, pupil size, response to light
  ➢ Eye splash suspected, flush eye, continue until instructed to stop by medical staff

• Ears
  ➢ External auditory canal always dry, signs of drainage referred for further medical care
  ➢ Tympanic membrane located at end of auditory canal, barrier between external, internal ear

• Nose
  ➢ Primary function filter, warm, humidify incoming air before gets to lungs
  ➢ Houses nerves allow smell
  ➢ Problems usually involve foreign objects
    • Referred for removal, further medical care
Chapter Summary (Cont’d)

- Mouth
  - Assessment required visualization of internal structures
    - Have patient open mouth adequate
    - Never put anything in mouth
  - Hoarseness, stridor on inspiration/expiration, drooling
    - Patient kept quiet, allowed to assume position that facilitates breathing during transport
    - Suggests life-threatening condition

Questions?