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ENT Emergencies Airway Epistaxis and Foreign Body

Practical 05 / Skills laboratory simulation

Aim

Recognise an ENT emergency and demonstrate escalation and safe initial priorities on a trainer.

Principle

Airway compromise and severe bleeding take priority over complete local examination. Age, site, object and clinical state determine the specialist response.

Materials and Requirements

- ENT emergency manikin and inert model equipment
- Case cards for stridor, epistaxis and foreign body
- Emergency activation checklist

Procedure

1. Check immediate airway, breathing and circulation risks and summon the supervised emergency and ENT teams.
2. State scene safety, activate the appropriate emergency response and identify breathing difficulty, stridor, inability to speak or other immediate threats. Apply the instructor’s emergency algorithm to the trainer.
3. For simulated nosebleed record side, severity, medicines and haemodynamic observations and demonstrate the approved basic first-aid response.

Continue with step 4 on the next page.

Procedure Continued

ENT Emergencies Airway Epistaxis and Foreign Body

4. If the simulated patient is stable with a nosebleed, sit them leaning forward and demonstrate continuous pressure to the soft part of the nose as taught. Time it and reassess bleeding and tolerance.
5. Review anticoagulants, trauma and symptoms of blood loss in the case. Escalate ongoing heavy bleeding or instability and identify the team that would perform further treatment.
6. Identify urgent hazards in the case pack including stridor, possible airway foreign body and button battery. Avoid blind attempts to retrieve an object.
7. Match the model object and location to the risk, including airway obstruction or a button battery. Avoid delay and give the supervisor the suspected item, site and time.
8. Observe the instructor's model demonstration of advanced interventions and give a timed handover with response to initial measures.
9. Identify the advanced equipment or intervention being demonstrated by faculty. Record time to escalation, findings, basic actions, response and which interventions remain the specialist team's responsibility.

Precautions

• Avoid blind nasal, oral or ear instrumentation.

• Use the instructor's manikin checklist for invasive procedures.

Observations and Interpretation

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Observations and Record

Item	What to record	What it tells you
Airway	Stridor, effort, voice and oxygenation	Determines urgency
Bleeding or foreign body	Site, history and response	Identifies specialist need
Handover	Time, precautions and immediate concern	Supports coordinated response

Worked Example

A fictional child has noisy breathing and drooling after an acute onset. Call for immediate airway assessment, minimise agitation and follow the local emergency pathway.

Result and Interpretation

Demonstrate early recognition and escalation. Advanced packing, airway and retrieval procedures stay within trained simulation or authorised care.

Viva Questions and Answers

Why prioritise airway over detailed local examination?

Obstruction can worsen rapidly and is immediately dangerous.

What should follow a concerning object history?

Urgent evaluation through the appropriate specialist pathway.

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