



**Urgent Care in the Family
Practice Setting**

**URGENT
CARE**

FAMILY PRACTICE

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Disclosures

- Dr. Tupick has provided no disclosures.

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Objectives

- Goals and Agenda
 - Discuss some basic urgent techniques that can be used in the family practice office
 - Epistaxis – Review and discuss techniques to stop nose bleeds
 - Discuss techniques to remove foreign bodies in the nose and ear.
 - Discuss techniques to remove ticks.
 - Discuss asthma exacerbation.
 - Stop Lower Extremity venous bleeds


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Disclosures

I have no financial disclosures that would be a potential conflict of interest with this presentation.



DISCLOSURE



WHO'S HIDING WHAT?

"I have nothing to hide!"

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Just in


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Family Physicians Are AMAZING!

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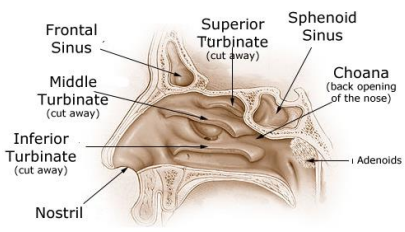
All Things Nose

- Anatomy of the Nose
- Epistaxis
 - Anterior Bleeds
 - Posterior Bleeds
- Nasal Foreign Body
 - Treatment



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Anatomy of the Nose




Anatomy of the Nose

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Epistaxis

- The medical term for nose bleeds.
- Greek word meaning
 - "a dripping"



#ADAM

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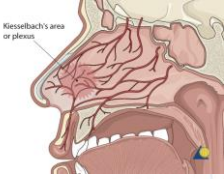
Most Common Reason For Nosebleed By Age Group

- Children → nose picking
- Adolescences → Trauma (fighting)
- Middle-age → worry about a neoplasm
- Elderly → result of vascular fragility in combination with blood thinners.

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Epistaxis


- Anterior Nosebleeds
 - 90% are anterior
 - Kiesselbach’s plexus → a group of veins on the anterior aspect of the nasal septum



Epistaxis Treatment

Direct Pressure

- Patient should be upright
- Maintain compression on the nostrils just anterior to the nasal bone → where the cartilage meets the nose.
- Hold for 10 minutes
- Tape two tongue depressors together at one end and use the other end to pinch the nose.



Epistaxis Treatment

- Remove pressure after 10 minutes
- Patient should blow their nose to remove any blood clots
 - This allows for better visualization.



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Epistaxis Treatment

- If needed apply a topical vasoconstrictor
 - 5ml solution of 4% cocaine
 - Phenylephrine (Neo-Synephrine)
 - Oxymetazoline (Afrin)
 - Lidocaine with Epinephrine
 - Tranexamic acid
- This can be applied by spray or by pledget

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Epistaxis Treatment

- Insert the medicated cotton pledgets as far back as possible into each nostril with bayonet forceps.
- Leave 5-20 minutes with compression.
- Remove pledgets and inspect cavity.



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Epistaxis Treatment

- Localized bleeding point
 - Cauterize a 0.5 cm area of mucosa around the bleeding site with a silver nitrate stick and then cauterize the site itself.
 - Roll over area for 5-10 seconds until gray eschar forms and bleeding ceases.
 - Then monitor for 15-20 minutes



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Epistaxis Treatment

- No localization or continued bleeding
 - Anterior pack
 - Nasal tampon
 - Rapid Rhino Nasal Pack
 - Soak the knit fabric-covered balloon in water until fabric is converted to gel.
 - Insert entire length of balloon posteriorly
 - Inflate balloon with 10 to 15 ml of air



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Epistaxis Treatment

- Alternatives
 - Merocel
 - Compressed cellulose which expands to conform to the inside of the nasal cavity.
 - Cover with antibiotic ointment
 - Leave some cellulose exposed to absorb water
 - Quickly and firmly push tampon posteriorly and straight back along floor.
 - Instill several ml of saline
 - Tape free end of string to face for later removal.



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Epistaxis Treatment

- Alternatives
 - Gauze impregnated with petroleum jelly
 - 6ft of ½ inch ribbon
 - Cover with antibiotic ointment
 - Insert with bayonet forceps
 - Place in accordion fashion on the floor of cavity
 - Expect to use 3 to 5 ft
 - Tape the end to the cheek



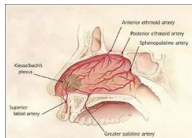
Epistaxis Treatment

- If nasal packing/balloon used
 - Give ABX for 5 days
 - Keflex 500mg QID
 - Augmentin 875 BID
 - Clindamycin 300 QID
 - Bactrim DS BID
 - Prevent sinusitis or toxic shock
- Remove packing in 3 to 4 days by softening with water and waiting 5 minutes then remove.
- Follow up with ENT within 24-48 hours
- Provide return precautions

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Epistaxis

- Posterior Nosebleeds
 - Originate from the palatine artery
 - Possibly Life Threatening
 - Considered a medical Emergency
 - Blood down the posterior oral pharynx despite nasal compression
 - If unable to control – Pack and send to ER



Epistaxis Treatment


- **Posterior Balloon**
 - Lubricated balloon is passed into the affected nostril to posterior nasopharynx.
 - Inflate balloon posterior
 - Inflate anterior balloon
 - ENT should be involved



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Epistaxis Treatment

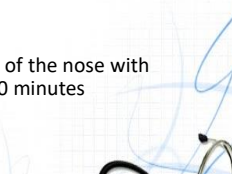
- **Posterior Packing**
 - Admit patients with posterior packing as they are at risk for bradydysrhythmias due to stimulation of the posterior pharynx



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Epistaxis

- **Prevention**
 - Avoid picking nose
 - Avoid bending over, sneezing or straining.
 - Apply KY jelly to nasal septum once or twice a day during dry weather.
- **Reoccurrence**
 - Compress below the bridge of the nose with thumb and finger for 5 to 10 minutes



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Epistaxis

- **COMPLICATING FACTORS**
 - HTN → Does NOT cause Nosebleeds
 - Can make the management more difficult
 - Generally BP management not recommended during and acute nosebleed
 - Anti-platelet and anticoagulant agents.

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Foreign Body

- **Presentation**
 - Child presenting with local pain, purulent unilateral nasal discharge, epistaxis, a voice change (with a nasal character) or a foul body odor or bad breath.
 - Adult occasionally has coughed up an object into the posterior nasopharynx (eg → pill). The patient experiences discomfort and tearing and inspection reveals mucous membranes covered with particulate debris.



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Foreign Body

Case of a 3 year old male who found a creative storage place for a daycare iron bead.



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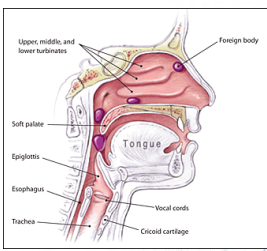
Most Common FB



- Beans
- Peanuts
- Beads
- Toy Parts
- Pebbles
- Paper Wads
- Eraser Tips.

Foreign Bodies


- Usually located lodged on the floor of the nose just below the inferior turbinate or immediately anterior to the middle turbinate.



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Nasal Evaluation

- Look in the nose with a nasal or otoscope speculum
 - Suction out any purulent discharge



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Nasal Evaluation

- Insert a small cotton pledget soaked in 4% cocaine or in a solution of one part Neo-Synephrine or Afrin and one part tetracaine which will shrink the nasal mucosa and provide local anesthesia.
- Remove after 5-10 min



OR



WITH



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Removing FB

- Positive Pressure Techniques
- Try having the patient blow his nose.
- Parent's Kiss
- Ambu bag



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Removing FB

- Use a suction tip to try and vacuum
- Frazier suction catheter



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Removing FB

- Kelly clamps or bayonet forceps for pebbles and beans.



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Removing FB

- Alligator forceps can be used to remove cloth, cotton, paper foreign bodies



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Removing FB

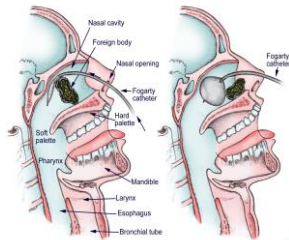
- If the object cannot be grasped it may be rolled out of the nose by using an ear curette or right angled ear hook to get behind it.
- Slide it behind the object
- Twist it until it catches the object and then pull it out anteriorly.



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Removing FB

- Lubricated small Foley catheter passing it superior to and past the FB.
- Inflate the balloon with 1ml of air and then gently pull the catheter and object out.



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Removing FB

- Dry the exposed surface of the FB
- Add a drop of cyanoacrylate (Super Glue or Dermabond) to a end of a cotton tipped applicator then touch the FB and hold for 30-60 second and then pull the FB out.



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Removing FB

- Earring magnets that are stuck together across the nasal septum.
 - Could cause pressure necrosis leading to septal perforation.
 - Lubricate septum
 - Place balloon catheters B/L
 - Magnets should be removed simultaneously to prevent a lone magnet from dropping into nasopharynx and being aspirated.

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Particulate Debris

- Use a bulbous nozzle of an irrigation syringe into one nostril while the patient is sitting up and facing forward.
- Patient should say “eng” several times which will close off the back of the throat
- Then slowly flush the irrigating solution of water through the opposite nostril into an emesis basin.



FB is Removed

- Button Batteries
 - Dangerous FB of the nose
 - Causes corrosion and coagulation necrosis of any moist esophageal, GI, nasal or ear mucosa
 - Septal perforation or necrosis would be a concern
 - Attempt removal with positive pressure and direct removal techniques
 - Consider a magnet.
 - Must refer immediately if you are unable to remove.



FB is Removed

- Inspect nasal cavity
 - Additional objects
 - Bleeding → stop this by reinserting a cotton pledget soaked in topical solution.
- Look in ears for FB as well as ipsilateral serous or purulent otitis media when FB has been present for a long period.

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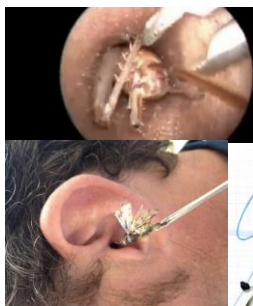
Suspected FB

- If you believe there to be an FB but cannot locate it consult an ENT to perform a flexible endoscopic examination



FB EAR

- Insects
 - Fill the canal with a liquid to kill the insect.
 - Then you can flush it out with warm water
 - Or remove with alligator forceps.



FB EAR

Katz Extractor



FB EAR

- Apply cyanoacrylate (Dermabond) to the wooden end of a q-tip to remove the FB.
- Apply to the cotton tip if the FB is irregularly shaped.
- Hold for 30 seconds and extract.



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FB EAR

- Alligator Removal of FB or Ear Wax



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Q-Tip Removal of A Tick

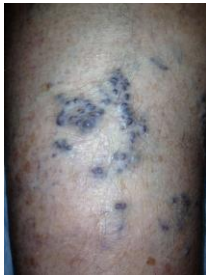
- Moisten the q-tip with water so that it can glide easily
- Rotate the tick upon its hypostome and then apply traction until it releases.



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Bleeding Varicose Veins

- “Blue Blebs” – dilated, weak veins near the surface.
- Easily rupture and bleed
- Tx:
 - Elevate leg
 - Apply direct pressure
 - Apply pressure dressing.



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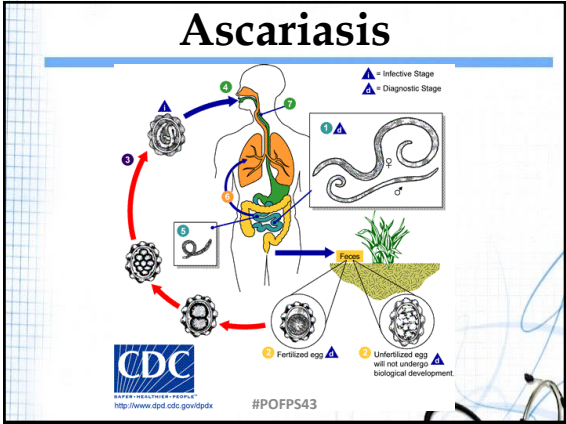
Do you hear Zebra or Horses?



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Case Study





Asthma and Spacers

- Compared to Nebulizers, MDI with spacer has been shown to
 - Lower Pulse rate
 - Improve Peak Flow Rates
 - Lead to improvement of ABG
 - Decrease albuterol doses
 - Lower cost
 - Decrease ED stays
 - Lower relapse rates at 2 and 3 weeks

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Asthma and Spacers

- Shake the inhaler
- Insert the mouthpiece of the inhaler into the rubber sealed end
- Breath out
- Press the MDI down
- Breath in slowly.

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Urgent Care Hacks

- Taping tongue blades together to make a nasal clip
- Alligator forceps for removal of foreign body
- Dermabond to the end of a q-tip to remove foreign body from nose
- Q-tip removal of a tick
- Focused direct pressure bandage to stop venous bleeds
- Always prescribe a spacer with an albuterol inhaler
- Know the culture that you are working with.

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