

Paediatric ENT Emergency Pathway –TROH (November 2018)

Please note that this pathway applies ONLY to patients being treated at TROH

Background: There is no on site ENT Presence in TROH except for elective surgery Monday to Friday and the services are hosted from the Fairfield General Hospital site. The majority of children attending A&E with general ENT conditions can be safely discharged from hospital or referred for outpatient management. Those requiring admission can usually be safely managed by the Paediatric team and rarely need specialist ENT input unless they need surgical intervention. We have broadly stratified them into 3 referral criteria:

1. Common ENT conditions – Children who have common ENT presentations and need further clinical input can be referred to Paediatric Team

- Acute tonsil-related conditions/Acute Ear infection/Neck swelling (lymphadenitis/sialadenitis)/ Sinusitis – Follow Paediatric Antibiotic guidelines
- Preseptal cellulitis (limited to preseptal region and not extending into the orbital cavity) – Follow Paediatric Antibiotic guidelines
- Facial Palsy in Children

2. Minor Foreign body conditions - Refer to FGH ENT SHO (First Oncall Bleep 4184)

- Ear Foreign Body (FB) - ENT Casualty Clinic Appointment will be organised

3. ENT emergencies - Direct Referral to ENT Middle Grade/Registrar On-call with Paediatric Registrar to review and provide immediate care.

- FB in Airway/Nose/Throat/Oesophagus which cannot be safely removed in the Emergency department.
- Airway Obstruction/Head & Neck Trauma
- Orbital cellulitis with high risk of loss of sight (senior paediatric (tier 2 / Consultant) input needed prior to referral to confirm diagnosis)
- Significant Epistaxis in Children which cannot be controlled with first aid interventions in the Emergency Department.
- Postoperative complications- Tonsil bleed/Post Nasal & Ear Surgery

The default escalation for any Paediatric ENT conditions unless they meet **criteria 2&3**, would be the Paediatric team on call and if any further clarity is needed in relation to any specific cases, the Paediatric on Call consultant can advise further.

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