

Ludwigs angina- bilateral cellulitis of the submandibular space. Painful oedema progressing to trismus, dysphagia, drooling and subsequent airway obstruction. Treatment requires Analgesia, Antibiotics (high dose) and Airway Assessment if severe. ADMIT.

Children who swallow coins etc. Do Chest and neck x-ray. If coin (or other inert F.B.) above diaphragm speak to ENT. If coin below diaphragm, reassure and discharge. No review unless abdominal symptoms (rare). Patients who have ingested batteries or other corrosive items should be referred urgently.

- Always check visual acuity
- Apply amethocaine 1% drops for corneal discomfort
- Slit lamp examination for all suspected corneal problems
- Examine using ophthalmoscope any patients with visual disturbance
- X-ray of orbits for all patients with a history of potential penetrating intra-ocular (small F.B. striking eye at high velocity). N.B.: steel striking steel (e.g. hammer and chisel) is particularly hazardous.

EYE PROBLEMS

Patients requiring immediate ophthalmic assessment

- Significant visual loss
- Severe eye pain
- Penetrating ocular trauma and lid lacerations
- Post-operative red or painful eye

These patients should be referred to the ophthalmology SHO on-call or eye casualty in RVH **Phone 90634706**

Patients requiring early (within 24 hrs) referral to the Eyes Clinic:

- Iritis (pain, photophobia, circumcorneal red eye, cloudy cornea)
- Retinal detachment (flashes, curtains, post-traumatic visual upset)
- Hyphaema
- Dendritic ulcers (pain, photophobia, staining lesion on cornea)
- Alkali chemical burns

Contact RVH ophthalmology SHO for appointment in Eye Casualty

Conditions suitable for ED management:

- Corneal foreign body (remove with cotton bud or orange needle, don't forget to evert upper lid)
- Conjunctivitis (chloramphenicol ointment four times daily for five days)
- Corneal abrasion including abrasions caused by foreign body removal (cyclopentolate, chloramphenicol and voltarol drops applied stat, then eye pad)
- Non-alkali Chemical burn (check pH, irrigate immediately with several litres of normal saline until pH returns to neutral, remembering to evert upper lid. Refer to ophthalmology SHO if unable to normalise pH)
- Welder's flash (amethocaine 1%, cyclopentolate and voltarol drops, chloramphenicol, double eye pad and bandage)

Conditions that should be reviewed at the Emergency Department:

- Corneal abrasion causing reduced visual acuity (5 days)
- Rust ring if over the pupil (5 days)
- Non-alkali chemical burn (next day)
- Welder's flash if not settling