Document Control

Title **Protocol for Removal of Foreign Body, Nose or Ear in MIU's**			
Author			**Author's job title** Professional Lead, Minor Injuries Unit
Directorate Medicine			**Department** Emergency Department
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
0.1	Apr 2015	Draft	Initial version for consultation
1.0	Apr 2016	Final	Approved by (Clinician) and (Clinical Director) June 2015 and published on Bob.
2.0	April 2021	Final	Reviewed and page 5 amended
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Lead Director Medical Director			
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Superseded Documents Protocol for Removal of Foreign Body Ear or Nose v1.0 Apr16 (final)			
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Consulted with the following stakeholders: • MIU Leads			
Approval and Review Process • Lead Clinician for Emergency Department			
Local Archive Reference G:\Policies and Protocols **Local Path** MIU **Filename** Protocol for Removal of Foreign Body, Nose / Ear			

Policy categories for Trust's internal website (Bob)	Tags for Trust's internal website (Bob)
MIU Protocol	None

1. Table of Contents

2. Purpose

This Protocol is for the use by staff employed by Northern Devon Healthcare Trust who have achieved the agreed clinical competencies to work under this protocol.

3. Presenting Symptoms

- Ear or nose pain
- Loss of hearing
- Ear or nose discharge
- Bleeding
- Buzzing (insects)

4. History

Refer to protocol for history taking and clinical documentation.

- Putting foreign body in nose or ear
- Undiagnosed foreign body in children with a history of unilateral rhinitis

5. Clinical Examination

View both ears or nostrils depending on the presenting complaint

6. Treatment

6.1 Nose

- Remove visible foreign bodies from the nose with one attempt if no excessive pain present and no respiratory difficulties, excessive bleeding or trauma
- Use clear bright lighting
- The parental kiss technique may be used
- If unable to remove refer Ear Nose and Throat department (ENT) or secondary care.
- Inspect removed foreign bodies to ensure they are in tact

6.2 Ear

- If competent to do so a foreign body may be removed if visible in the distal ear canal using a hook under direct vision
- Irrigation may be used if competent to do so (not vegetable matter as swelling may occur)
- Use olive oil to drown live insects prior to removal

- If there is difficulty removing the foreign body refer to ENT or secondary care.
- Do not use forceps
- There is a Katz extractor available in the ED ENT trolley for ear and nose FB's that cannot be removed by other methods. Training and competence must be gained prior to use.

7. Discharge Pathway

7.1. REFER ALL CHILDREN UNDER TWO YEARS OLD TO MEDICAL PRACTITIONER FOR ADVICE

Assess and document pain score prior to discharge

Ensure patient is issued with appropriate advice sheet (if available) and that patient understands the need to return if symptoms change or worsens.

Discuss home analgesia with patient, parent or carer and advise OTC medication or administer TTO medication as per PGD.

7.1 DOCUMENTATION TO BE COMPLETED

- Clinical treatment record as per Documentation & record keeping policies. Copy of clinical treatment record to General Practitioner; to be sent to surgery as per Record keeping policy.
- For patients being transferred to secondary care, ensure a copy of the clinical treatment record is sent with patient. A copy will also be sent to surgery in normal manner.
- **For patients seeing their General Practitioner in next 24 hours ensure patient is given a copy of the clinical treatment record to take with them. A copy will also be sent to surgery in the normal manner.**

7.2 BEFORE DISCHARGE ENSURE

- Those patients who have been referred for further acute intervention has appropriate transport to meet their needs, all relevant treatment has been prescribed and administered and correct information and documentation is given to the patient.
- The patient understands that if condition deteriorates or they have further concerns they should seek further advice.
- The patient demonstrates understanding of advice given during consultation.
- The patient has been provided with written advice leaflet to re-enforce advice given during consultation.
- The patient demonstrates an understanding of how to manage subsequent problems.

8. References

Emergency Department Guidelines (2012)

Protocol for Foreign Bodies Ear or Nose V1.0 NDHCT

Consent policy V3.3 (2014) NDHCT

APPENDIX A – Essential Documentation for All Patients Attending Unit or Centre

Adults Consent
Gain consent to be seen by a nurse practitioner
Gain consent for treatment and sharing information and document.

Clinical Presentation
If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Document a full set of observations including neurological observations including Glasgow coma score if applicable.

Record EWS: if 7 or above arrange immediate transfer to secondary care.

Document pain score using numeric rating scale. For cognitively impaired patients document any signs of pain (e.g. grimaces or distress).

Safeguarding

- Assess for mental capacity and if person is a vulnerable adult.
- Assess for learning disability and whether patient has a hospital passport in place.
- Assess for risk of domestic abuse.
- Assess falls risk. Complete falls referral if applicable.
- Document names of persons accompanying patient.

APPENDIX B – Essential Documentation for All Patients Attending Unit or Centre

Child and Young Persons under 18 Years Old Consent
Gain consent to be seen by a nurse practitioner
Gain consent for treatment and sharing information
Assess and document Gillick competency according to Fraser guideline if applicable.
Document name of person's accompanying patient

Clinical Presentation

If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Record PEWS: if any one parameter is triggered transfer to secondary care or seek advice from medical practitioner.

Use guideline Traffic Light System (NICE) 2013 if applicable.
Use guideline Feverish Illness (NICE) 2013 if applicable.
Document pain score using FLACC, Wong Baker Faces or numeric rating scale.

Safeguarding

- Assess safeguarding
- Assess for domestic abuse in the home
- Assess for learning disability

DOCUMENT ALL FINDINGS IN THE CLINICAL TREATMENT RECORD AND ACT ON THEM FOLLOWING NDHCT GUIDELINES.

APPENDIX C – Training Competency Form

Protocol for Removal of Foreign Body, Nose or Ear

Protocol operational from April 2016 and expires end of April 2019

The registered health professional named below, being employees of Northern Devon Healthcare Trust based at ……. have received training and are competent to operate under this protocol

NAME *(please print)*	PROFESSIONAL TITLE	SIGNATURE	AUTHORISING MANAGER *(please print)*	MANAGER'S SIGNATURE	DATE

Keep original with the authorising manager and send a copy to: Karen Watts, Emergency Department, Northern Devon Healthcare Trust NHS, Raleigh Park, Barnstaple, Devon, EX31 4JB