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Nursing Management of Patients with Disorders of the Ear, Nose, Throat and Head and Neck

Medical Surgical Nursing

Assessment and management of ENT conditions, tracheostomy care, airway obstruction, laryngectomy care and head and neck surgical conditions.

For educational purposes only.

CHAPTER 20 / MEDICAL-SURGICAL NURSING 20. Nursing Management of Patients with Disorders of the Ear, Nose, Throat and Head and Neck

1. Focused assessment

Assess airway patency, stridor, breathing effort, secretions, voice, swallowing, oral/neck lesions and recent surgery. Inspect stoma, neck swelling, drains and bleeding. Patients after head/neck surgery may have altered communication and nutrition. Acute airway compromise requires immediate escalation.

2. Tracheostomy care

Tracheostomy provides an artificial airway through tracheal opening. Indications include prolonged ventilation, upper airway bypass and secretion management. Check tube type/size, cuff status if present, prescribed humidification, oxygenation, ties and skin. Suction only when indicated, using approved technique; monitor desaturation and bleeding. Keep emergency equipment and appropriate spare tubes per policy. Do not blindly replace a displaced fresh tracheostomy; call trained airway team urgently.

3. Laryngectomy distinction

Total laryngectomy permanently separates upper airway from lungs; the patient breathes exclusively through neck stoma. In respiratory emergency provide oxygen/ventilation via stoma, not face alone. Tracheostomy patients may retain upper-airway continuity depending anatomy. Postoperative care includes stoma humidification, secretion clearance, wound/drain assessment, swallowing rehabilitation and speech alternatives (electrolarynx, tracheoesophageal speech when appropriate).

4. Airway obstruction and head/neck cancer

Condition	Nursing priorities
Postoperative haematoma after neck surgery	Sudden swelling, stridor, difficulty breathing; emergency surgical/airway escalation.
Foreign body	Assess severity; age-appropriate BLS choking protocol and emergency help; no blind finger sweeps.
Head and neck malignancy	Support biopsy/staging, surgery/radiation/medical treatment; oral care, nutrition, body image and speech therapy.
Dysphagia and aspiration	Swallow assessment, prescribed texture/feeding route, upright positioning and oral care.

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5. Nursing checklist

Communicate airway anatomy on bedside sign/handover, assess respiratory status, keep prescribed suction/humidification and emergency items accessible, document secretions and stoma care. Teach family emergency plan and equipment use; confirm understanding with demonstration.

6. Important Examination Questions

Long Answer Questions

1. 1. Explain tracheostomy and laryngectomy care and emergency airway management.

Short Answer Questions

1. 1. Compare tracheostomy and laryngectomy
2. 2. list postoperative neck complications
3. 3. describe dysphagia precautions.

Very Short Answer Questions (with answers)

1. 1. Where is oxygen delivered after total laryngectomy? - Neck stoma.
2. 2. What is stridor? - High-pitched sound from upper airway narrowing.

7. Quick Revision

- Know the patient's airway anatomy.
- Never ignore new stridor.
- Prioritize communication and swallowing safety.

8. Conclusion

Know the patient's airway anatomy. Never ignore new stridor. Prioritize communication and swallowing safety.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. After total laryngectomy, where must emergency oxygen and ventilation be delivered?

A. Through the mouth alone
B. Through the nose alone
C. Through a face mask alone
D. Through the neck stoma

2. A fresh tracheostomy becomes displaced. Which response is appropriate?

A. Call the trained airway team urgently and avoid blind replacement
B. Blindly push a tube into the opening
C. Wait until the next routine dressing change
D. Cover the opening and leave the patient unassessed

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3. Which care combination supports a patient with dysphagia and aspiration risk?

A. Unrestricted oral intake before swallowing assessment

B. Swallow assessment, prescribed feeding route or texture, upright positioning and oral care

C. Supine feeding without texture review

D. Delaying oral care until normal swallowing returns

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Answer key and explanations

1. D - Through the neck stoma

Total laryngectomy separates the upper airway from the lungs, so the patient breathes through the stoma.

2. A - Call the trained airway team urgently and avoid blind replacement

Blind replacement of a displaced fresh tracheostomy is unsafe; urgent trained airway help is required.

3. B - Swallow assessment, prescribed feeding route or texture, upright positioning and oral care

Dysphagia care combines swallowing assessment and prescribed feeding modifications with positioning and oral care.

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