Head and Neck
Tricks of the Trade:
Helpful hints for the daily practice of EM

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• Finalist for the MedGadget's “Best New Medical Blog of 2009”
• Featured EM blog on MedPedia (equivalent of Wikipedia, except only for medicine)
• Top Ten Medical Blogs on www.blogs.com.
• Weekly “Tricks of the Trade”

Portion Distortion: More Alcohol in Tumbler

35 y/o man presents after being assaulted to the head
Case 1
Have I missed any additional scalp lacerations?

Manual palpation of the scalp

Case 1: Scalp Laceration
How do you minimize missing a 2nd laceration?

Good lighting is the key!

LED flashlight ($8-30)

Case 1
Have I missed any additional scalp lacerations?

Adequate visualization using bright LED flashlight

Case 1
You find and repair 3 scalp lacerations with staples.
You suture the ear laceration.

How do you prevent an auricular hematoma?

“Cauliflower ear”
Case 1
How do you prevent an auricular hematoma?

Traditional teaching: Gauze in antihelix.

Trick of the trade: Make a plaster splint.
Case 1
How do you prevent an auricular hematoma?

Trick of the trade: Make a plaster splint.

Vulcan and Ferengi extraterrestrial race from the Star Trek universe
Case 1
How do you apply a pressure dressing on the head?

Traditional teaching

Case 1
How do you apply a pressure dressing on the head?

Trick of the trade: Beanie hat

Thanks to Dr. Eric Silman
Case 1
How do you apply a pressure dressing on the head?

Trick of the trade: Beanie hat

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Case 2
Can I close a scalp lacerations without staples?
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Can I close scalp lacerations without staples?

Modified Hair Apposition Technique (HAT trick)

* Uses opposing hair strands & adhesive
* One full 360° revolution twist of hair
* Apply adhesive at twisting point
* Repeat this along length of wound
* Do NOT over-twist the hair.
* Do NOT tie a knot.

1. Ong et al, Annals of EM, 2005

Contraindications to the HAT trick:
- Laceration >10 cm long
- Grossly contaminated wounds
- Active bleeding from the laceration
- Significant wound tension
- Hair strands <3 cm long

Case 2
Speaking of tissue adhesives, how can I prevent tissue adhesives from “running” into undesired areas?

Use petroleum-based gel as a barrier.
**Case 2**

Speaking of tissue adhesives, how can I prevent tissue adhesives from “running” into undesired areas?

Use a tegaderm tape as a barrier.

*Thanks to Dr. Hagop Afarian (Fresno-Community Regional Medical Ctr)*

**Case 2**

What are other uses of tissue adhesives?

In combination with steristrip tapes, can close wounds under slight tension

Layers:
- Glue-tape-glue
- tape-glue

*Trick by Dr. Jonathan Davis and Dr. Matt Borloz (Georgetown/ Washington Hospital)*
Case 3
A 78 year old woman sustains an arm laceration.

How would you repair this laceration?

Use steristrips to strengthen skin wound edges in combination with sutures.


Case 4
Pediatric Pearls

An 8 yo boy’s mother mentions that his asthma has been acting up for the past 2 days.

You may hear wheezing.
The patient is only partly cooperative with the exam.

How can you get a better exam?

Candle flame app

Balloonimals app
Asthma Exacerbation

You successfully treat a 8 y/o boy with a moderate asthma exacerbation. What do you include in D/C instructions?

Discharge patient home with a MDI

Avoid asthma exacerbation while patient waits at pharmacy to refill albuterol MDI.

Case 4: Asthma Exacerbation

You successfully treat a 8 y/o boy with a moderate asthma exacerbation. What do you include in D/C instructions?

Consider discharging patient with a spacer.

Attach to short strip of ventilator tubing
Or attach to back of styrofoam cup

Thanks to Dr. Mary Jo Wagner (Synergy Medical Education Alliance)

Case 5: Ocular Injury

50 y/o man s/p altercation presents with eye pain from pepper spray by a robber.
Case 5: Ocular Injury

The patient is extremely sensitive to application of anesthetic eyedrops. How can you apply them more gently?

“Blink it in”
* Apply drops into medial canthus.
* Have patient then “blink” the drops in.

Foreign Body Eye Removal

Courtesy of Dr. Sam Ko and Kimberly Chan
Loma Linda

Ken Sheil PAC
Tacoma General Hospital

Dr. Tamara Bogush MetroWest Medical Center
**Case 5: Ocular Injury**

Now that he can open his eyes, let’s check his visual acuity.

The patient had taken out his contacts because of eye pain. His visual acuity is 20/200 in both eyes.

How can we determine if his blurred vision is the result of the pepper spray?

**Tip:** Add 10 mL of 1% lidocaine into 1 liter of saline bag.
**Case 5: Ocular Injury**

You try to apply Morgan lens for ocular irrigation, but the patient pulls them out. How can you irrigate the eyes?

Nasal cannula irrigation

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**Case 5: Ocular Injury**

After irrigation, soft tissue swelling of the eyelid makes it difficult to get an unobstructed view. You do not have an eyelid retractor. How do you retract the eyelids?

Paperclip eyelid retraction

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**Case 5: Ocular Injury**

Examine traumatized orbit early before soft tissue swelling worsens.

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**Case 5: Ocular Injury**

Alternative: “Roll up” the upper eyelid with Q-tip

Think about the retractable projector screen
Case 5: Ocular Injury

Think about the retractable projector screen

Case 6: Epistaxis

Nasal Packing - Epistaxis

- Wadded Paper
- Cotton Balls
- Ativene, Telfa, Surgicel, Gelfoam
- Iodaform gauze, Vaseline Gauze

Specialized Balloon Packs

- PVA (Polyvinyl Alcohol) Foam
- Rhino-Rocket
- The Slik-Pak
Case 7: Peritonsillar Abscess

23 y/o male presents with a sore throat and left-sided peritonsillar swelling.

Suboptimal view of aspiration
Case 7: Peritonsillar Abscess

How would you visualize the abscess during needle aspiration?

Use a laryngoscope with a Macintosh (curved) blade.
- Obstructs view less than a tongue blade plus penlight
- Provides focused lighting
- If cooperative, have patient retract inferiorly.

Case 7: Peritonsillar Abscess

How would you perform the needle aspiration?

Use a spinal needle with the sheath trimmed such that just 1.5 cm of the needle is exposed.
- Longer needle keeps syringe outside of the mouth
- Reduces risk of too a deep puncture

Courtesy of Dr. Demian Szyld
Case 8: Odors in the ED

How do you minimize the smell of pus during the I&D?

Suction the pus directly into closed canister.

Aerosolized beverage in an enclosed room:

* Orange juice
* Coffee

Case 8

How do you minimize the smell of “toxic sock syndrome”?

“It’s about ME... everyone for themselves!”

Wear 2 face masks with a fresh tea bag in between.

Termination of intractable hiccups with digital rectal massage

Thanks to Dr. James Juarez (Rogue Valley Medical Center)

QUESTIONS

Weekly “Tricks of the Trade” updated at:

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