

Upper Respiratory Tract Disorders

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URIs

- ❖ Rhinitis and rhinosinusitis: acute, chronic
- ❖ Pharyngitis: acute, chronic
- ❖ Tonsillitis, adenoiditis
- ❖ Peritonsillar abscess
- ❖ Laryngitis

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Rhinitis

- Etiology
 - Temperature/ humidity, meds, allergens, common cold
 - Other- mechanical, hormonal, infectious, chronic
- S/S
- Treatment
 - Environment
 - Saline nasal spray,
 - Antihistamines, corticosteroids, nasal decongestants, mast cell stabilizer, allergy treatments

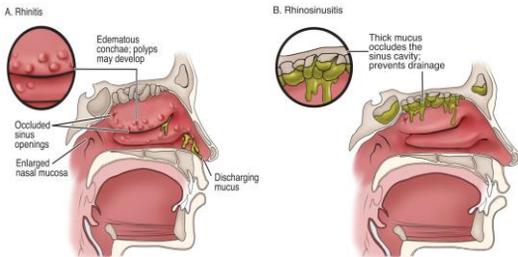
Viral Rhinitis (Common Cold)

- Viral
- S/S
- Dx
- Treatment
 - ↑ fluid intake, rest, expectorant, gargles, NSAID's, antihistamines, expectorants, antivirals

Rhinosinusitis

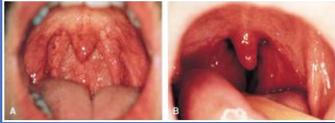
- Follows URI
- S/S
- Dx- S/S, X-Ray, CT, MRI
- Complications
- Treatment
 - Nasal saline lavage, decongestants, antihistamines, antibiotics
- Chronic/ recurrent

Rhinitis and Rhinosinusitis



Pharyngitis

- Inflammation of pharynx
- Viral or bacterial (GABHS)
- 3-10 days
- Complications
- Dx- RAST
- Treatment
 - Cool or warm beverages, popsicles, gargles
 - Antibiotics
 - Oral hygiene
 - Preventative measures



Tonsillitis

- Inflammation
- Bacterial (GABHS) or viral
- S/S
- Dx
 - RAST
 - culture
- Treatment
 - Antibiotic
 - Recurrent- tonsillectomy

Adenoiditis

- S/S
 - Mouth breathing
 - Earache, ear drainage
 - Frequent head colds
 - Bronchiolitis
 - Bad breath
 - Voice changes
 - Noisy respirations
- Treatment
 - Adenoidectomy

Tonsillectomy/ Adenoidectomy

- Risk for hemorrhage
- Post op
 - Prone, head to side
 - Assess swallow and gag reflexes
 - Assess for bleeding
 - Ice collar to neck
 - Fever
 - Pain
 - Mental status
 - Oral intake: NPO → water/ ice chips → clear liquid

Peritonsillar Abscess

- GABHS
- Can be life-threatening
- S/S unilateral or bilateral
- Treatment

URI Potential Complications

- | | |
|-------------------------------|----------------------|
| ❖ Airway obstruction | ❖ Medicamentosa |
| ❖ Hemorrhage | ❖ Acute otitis media |
| ❖ Sepsis | ❖ Trismus |
| ❖ Meningitis or brain abscess | ❖ Dysphagia |
| ❖ Nuchal rigidity | ❖ Aphonia |
| | ❖ Cellulitis |

URI Nursing Process: Planning

- ❖ Airway management, reduce risk of aspiration
- ❖ Pain management
- ❖ Effective communication strategy
- ❖ Increase hydration
- ❖ Patient teaching: self-care, prevention, and health promotion
- ❖ Home care, if indicated

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URI Nursing Process: Interventions

- ❖ Elevate head
- ❖ Ice collar to reduce inflammation and bleeding
- ❖ Hot packs to reduce congestion
- ❖ Analgesics for pain
- ❖ Gargles for sore throat
- ❖ Use alternative communication
- ❖ Encourage liquids; at least 2 to 3 L/day
- ❖ Soft bland diet
- ❖ Rest

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Patient Education

- ❖ Prevention of upper airway infections
- ❖ Emphasize frequent hand washing
- ❖ When to contact health care provider
- ❖ Need to complete antibiotic treatment regimen
- ❖ Annual influenza vaccine for those at risk

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URI Nursing Process: Evaluation

- ❖ Maintenance of patent airway
- ❖ Expresses relief of pain
- ❖ Able to communicate needs
- ❖ Evidence of positive hydration
- ❖ Absence of complications

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Question #1

Is the following statement true or false?

Acute pharyngitis of a bacterial nature is most commonly caused by group A beta-hemolytic streptococci

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Question #2

What should the nurse palpate when assessing for an upper respiratory tract infection?

- A. Neck lymph nodes
- B. Nasal mucosa
- C. Tracheal mucosa
- D. All of the above

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Obstructive Sleep Apnea

- Risk factors
 - Male, obesity, postmenopause, ↑ age
 - Structural abnormalities
- S/S
- Dx
 - Polysomnographic finding (sleep study)
- Treatment
 - CPAP, BiPAP, oxygen therapy, surgery

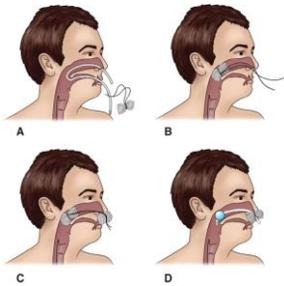
Epistaxis (Nosebleed)

- Risk factors
- Treatment
 - Etiology & location
 - Direct pressure- pinch soft portion of nose 5-10 minutes
 - Phenylephrine spray, vasoconstriction
 - Nasal decongestants
 - Nasal packing- guaze packing or balloon-inflated catheter for 3-4 days
 - Topical cocaine
 - Cautery with silver nitrate or electrocautery
 - Possible antibiotic therapy

Nursing Management

- ❖ Airway, breathing, circulation
- ❖ Vital signs, possible cardiac monitoring and pulse oximetry
- ❖ Reduce anxiety
- ❖ Patient teaching:
 - Avoid nasal trauma, nose picking, forceful blowing, spicy foods, tobacco, exercise
 - Adequate humidification to prevent dryness
 - Pinch nose to stop bleeding; if bleeding does not stop in 15 minutes, seek medical attention

Control of Epistaxis—Packing of Nasal Cavity or Balloon Catheter



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Nasal Obstruction

- S/S
 - Deviated septum, turbinate hypertrophy, polyps
- Treatment
 - Removal of object
 - Nasal corticosteroids
 - Oral leukotriene inhibitors
 - Polyps- oral corticosteroids
 - Antibiotics
 - Surgery

Nasal Fracture

- S/S
 - Traumatic obstruction
- Dx
- Treatment
 - Ice packs
 - Reduction of fracture
 - Control epistaxis
 - Oral hygiene
 - NSAID's
 - No sports x 6 weeks

Laryngeal Obstruction

- Foreign body
- Angioedema
- S/S
 - Edema
- Dx
 - X-Ray
- Treatment
 - Patent airway
 - Oxygenate
 - Subcutaneous epinephrine
 - Heimlich maneuver/ subdiaphragmatic abdominal thrust
 - Tracheostomy
 - Angioedema

Cancer of Larynx

- | | |
|--|-------------------------|
| Early: | Later: |
| • Hoarseness | • Dysphagia, dyspnea |
| • Persistent cough | • Nasal obstruction |
| • Sore throat or pain
burning in throat | • Persistent hoarseness |
| • Raspy voice, lower pitch | • Persistent ulceration |
| • Lump in neck | • Foul breath |
| | • General debilitation |

- Dx
 - Laryngoscopic exam, FNA biopsy, barium swallow study, endoscopy, CT, MRI, PET , Tumor grade and stage by TNM
- Treatment
 - Radiation
 - Complications
 - Ulceration of mucous membranes
 - Pain
 - Xerostomia
 - Loss of taste
 - Dysphagia
 - Fatigue
 - Surgery
 - Vocal cord stripping, cordectomy, laser, partial laryngectomy, total laryngectomy

Medical Management of Laryngeal Cancer

Stages I and II

- ❖ Radiation therapy
- ❖ Cordectomy
- ❖ Endoscopic laser excision
- ❖ Partial laryngectomy

Stages III and IV

- ❖ Radiation therapy
- ❖ Chemotherapy
- ❖ Chemoradiation
- ❖ Total laryngectomy

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Preoperative Nursing Care

- Education
 - Surgical procedure
 - Reduce anxiety & depression
 - Provide pt & family opportunities to ask questions
 - Provide clear instructions & explanations

Post Operative Nursing Care

- Maintain patent airway
 - Laryngectomy tube- stoma
- Use opioids cautiously
- Suction prn
- Ambulation
- Provide alternative communication methods
- Provide adequate nutrition and hydration

Collaborative Problems/Potential Complications

- ❖ Respiratory distress
- ❖ Hemorrhage
- ❖ Infection
- ❖ Wound breakdown
- ❖ Aspiration
- ❖ Tracheostomal stenosis

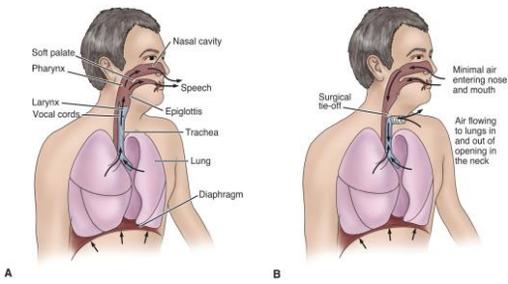
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Patient Education

- Cover stoma when showering
- No swimming
- Avoid hair & powder entering stoma
- Wash hands before and after tracheostomy care

Changes in Airflow With Total Laryngectomy



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Speech Therapy

- 3 techniques of communication
 - Esophageal speech
 - Electric larynx
 - Tracheoesophageal puncture

