

# How We Do It: A Portable ENT Tool Kit

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## Citation

S Duvvi, A Mudugal, B Kumar. *How We Do It: A Portable ENT Tool Kit*. The Internet Journal of Otorhinolaryngology. 2006 Volume 6 Number 1.

## Abstract

We present a simple method of preparing an on call ENT tool kit box to provide emergency ENT care in Accident and Emergency department when required. In our experience, this method is efficient, economical and ensures that all the basic equipment needed to assess an ENT patient can be put together with ease. This aids in better care for patients especially without easy access to traditional ENT treatment room.

## INTRODUCTION

The ability to manage emergency patients presenting to an on call ENT team is dependent on the availability of a treatment area, adequate equipment and availability of nursing staff to assist when required. It is essential that a minimum standard of equipment must be easily available at all times. We describe a simple technique that we have used as an on call ENT tool kit box to provide services in Accident and Emergency. This method has helped in our unit where there are patients especially without easy access to traditional ENT treatment room.

## MATERIALS AND METHODS

This requires a two layered plastic box measuring 14x6x4 inches and basic instruments as shown in the Figure1 from left to right (1)Foley's catheters, (2)Aural specula,(3)Tongue spatulas, (4)Nasal specula, (5)Portable head light batterypowered,(6)Microforceps,(7)Tuningfork,(8)Otoscope,(9)Laryngealmirror,(10)decongestant and local anaesthetic sprays,(11)Tilley's forceps,(12)Jobson Horne probe,(13)Cautery sticks,(14) Ear wicks, Topical steroid, Antibiotic and Antifungal preparations,(15)tape,(16)Umblicalclip,(17,18,19) Cotton wool, Ear swab and Gauge swabs, Knife ,Syringe and Needle,(20,22)Vaseline gauge and Merocel packs,(21) Scissors (23) Quinsy kit. The end result is a well equipped tool kit Figure1 (ABCDE). This list is not exhaustive and some equipment in your department may differ, but the majority of instrument types covered here are most commonly used across many UK hospitals. The addition of a portable battery powered flexible laryngoscope in a separate case completes the equipment normally required by an ENT

surgeon.

## Figure 1

Figure 1: On call ENT tool kit



## DISCUSSION

Our aim is to introduce a convenient method to carry ENT

instruments in a simple tool kit, which would facilitate examination of patients in Accident & Emergency department and in non ENT wards

A recent survey on out-of-hours facilities in otolaryngology by R Moorthy et al, has shown that not all ENT units have appropriately equipped out-of-hours facilities and there is a need for nationally agreed guidelines stating the minimum equipment and assistance required to provide a safe and adequate service.

In order to see the patients who are inaccessible to ENT treatment room we have prepared and used this tool kit for the management of common emergencies eg epistaxis, tonsillitis, quinsy, and quick ear examination that can be dealt at the bed side with out any need for sophisticated equipment. This was very useful in treating patients in accident and emergency and dealing with cross referrals in other wards.

As per the protocol, after morning ward rounds the respective on call SHO must ensure that the instruments in the ENT tool kit are sterilised and maintained in good condition with a daily record. In order to avoid

contamination, the used instruments are disposed and some are transported for sterilisation in polythene bags (meant for laboratory samples) which are accessible on all wards.

A detailed search of literature and books on ENT surgery found no prior descriptions of this simple technique.

### **SUMMARY**

In conclusion, we present this as a simple and practical method that improves access to the basic ENT instrumentation for SHO's oncall ensuring safe practice.

### **ACKNOWLEDGMENTS**

To Miss Chris Butcher our ENT nurse practioner for helping in putting the kit together.

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### **References**

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