

increase pCO₂	<ul style="list-style-type: none"> • 5% CO₂ by face mask at bedside • breath holding • re-breathing, i.e. supervised use of paper bag
pharyngeal stimulation	<ul style="list-style-type: none"> • granulated sugar with lemon juice • nasal catheter • stimulation of pharynx with finger and cotton ball
gastric distention	<ul style="list-style-type: none"> • anti-flatulants • antacids, standard doses q2h prn • naso-gastric tube suction • peristaltic stimulation to facilitate gastric emptying, including: <ul style="list-style-type: none"> – metoclopramide 10 mg iv stat, then 10 mg po q6h prn – mint water, peppermint tea
other medications	<ul style="list-style-type: none"> • nifedipine 10–20 mg po, sl q8h or 30–60 mg po od (sustained release) (observe for hypo-tension) • baclofen 5–20 mg po bid-tid • steroids: <ul style="list-style-type: none"> – prednisone 10-40 mg po od – dexamethasone 2-8 mg po, iv, im, sc q6h

COMPLEMENTARY THERAPIES

- acupuncture
- chiropractic
 - manipulation of C 3, 4, 5
 - manual diaphragm release
- therapeutic touch

HEAD AND NECK PROBLEMS

HEADACHE

Meningismus = stiff neck due to meningeal irritation/pain.

PRESENTATIONS

Pain occurs in one or more locations across the head, including the sinuses. May radiate into ear(s), eye(s), mouth, neck. May change with movement and be associated with meningismus.

CAUSES

Infectious:

- encephalitis:
 - cryptococcal
 - HIV
 - herpetic
- herpes zoster
- meningitis (all causes)
- sinusitis
- toxoplasmosis

Malignant:

- lymphoma

Other:

- torticollis/muscle spasm
- cervical spondylosis
- diagnostic test, i.e. lumbar puncture
- intoxication or substance withdrawal, i.e. alcohol, caffeine
- medications
- migraine
- tension
- therapeutic interventions

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

- treat migraines using conventional medical therapy
- provide stepwise analgesia (see Pain)
- NSAID's may reduce meningismus
- corticosteroids may reduce edema around space occupying lesions and may control severe meningismus:
 - prednisone 10-80 mg po od
 - dexamethasone 1-8 mg po, iv, im, sc q6h

COMPLEMENTARY THERAPIES

- acupuncture
- chiropractic manipulation may relieve headache of cervical and suboccipital musculoskeletal origin
- aromatherapy
- homeopathy: numerous symptom specific interventions
- massage therapy
- relaxation therapy
- TENS
- therapeutic touch

HEAD AND NECK PAIN

PRESENTATIONS

Includes pain occurring in the ear, nose, oral cavity (mouth), pharynx (throat) and larynx.

May change with movement including chewing or swallowing. May be associated with meningismus.

CAUSES

Infectious:

- candida
- chelitis
- dental abscess, decay
- gingivitis
- herpes simplex
- herpes zoster
- pharyngitis
- parotitis
- tonsillitis
- ulcers:
 - aphthous
 - others

Malignant:

- Kaposi's sarcoma
- squamous cell carcinoma

Other:

- malnutrition
- medications:
 - chemotherapy
- radiation therapy
- stones
- trauma
- temporomandibular joint syndrome

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

PROBLEMS	INTERVENTIONS
pain	<ul style="list-style-type: none"> analgesics: <ul style="list-style-type: none"> provide stepwise analgesia (see Pain) NSAID's may be particularly helpful
painful oral/pharyngeal lesions	<ul style="list-style-type: none"> anesthesia: <ul style="list-style-type: none"> lidocaine 2% viscous, 5-15 mls rinse mouth, gargle, then spit out or swallow. May mix 1:1 with Magnolax® to make more palatable (max. 15 mls q3h, 120 mls q24h) benzylamine oral rinse (Tantum®) 15-30 mls tid-qid rinse mouth, gargle, 15 secs then spit (may also spray into mouth) oxethazaine, aluminum and magnesium hydroxide mouthwash (Mucaine®) 15-30 mls tid-qid, rinse mouth, gargle, 15 secs then swallow caution: risk of aspiration within 1 hr of use steroids: <ul style="list-style-type: none"> prednisone 5–60 mg po od dexamethasone 1–2 mg po q6h triamcinolone apply to oral lesions tid-qid after meals

COMPLEMENTARY THERAPIES

- acupuncture
- relaxation therapy
- therapeutic touch

HEAD AND NECK PROBLEMS

Halitosis = bad breath

Mucositis = mucous membrane inflammation

Rhinorrhea = free discharge of thin nasal mucous, runny nose

Sialorrhea = excessive salivation

Includes problems occurring in the ear, nose, oral cavity (mouth), pharynx (throat) and larynx.

PRESENTATIONS

May include:

- altered taste
- halitosis
- mucositis
- receding gums
- sialorrhea
- tooth decay
- bleeding
- masses
- oral lesions, ulcerations (including gum)
- rhinorrhea
- xerostomia

CAUSES

Infectious:

- candida
- chelitis
- dental abscess, decay
- gingivitis
- herpes simplex

Other:

- malnutrition
- medications:
 - chemotherapy
- radiation therapy
- stones
- trauma

Infectious (cont.)

- herpes zoster
- pharyngitis
- parotitis
- tonsillitis
- ulcers:
 - aphthous
 - others

Malignant:

- Kaposi's sarcoma
- squamous cell carcinoma

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

PROBLEMS	INTERVENTIONS
altered taste	<ul style="list-style-type: none"> • explore food preferences, choose foods that address desire for salt or sweet • increase seasoning, marinated foods • drink more fluids
gingivitis	<ul style="list-style-type: none"> • 0.2% chlorhexidine oral rinse or brushing tid
halitosis	<ul style="list-style-type: none"> • oral and dental hygiene as below • maintain adequate hydration • hydrogen peroxide 1% gargles
hygiene	<ul style="list-style-type: none"> • brush teeth regularly • use mouthwashes q2-3h prn: <ul style="list-style-type: none"> – baking soda – 1 tsp baking soda + 1 tsp salt in 1 quart of water – chlorophyll in isotonic solution, 1 dropper to 8 oz. water – 1/3 N/S, 1/3 hydrogen peroxide, 1/3 Cepacol®, mouthwash – do not use over-the-counter mouthwashes that contain alcohol, as they may be irritating • Moistir® spray • lemon glycerin swabs may be useful if the person is able to produce saliva. However, in the presence of xerostomia, these swabs may further dry the mouth (as glycerol is desiccating), and the lemon may irritate any open sores
rhinorrhea	<ul style="list-style-type: none"> • nasal decongestants • antihistamines, preferably non-sedating, use standard doses
sialorrhea	<ul style="list-style-type: none"> • tricyclic antidepressants, i.e. Amitriptyline 25 mg po od-tid • oral scopolamine 0.02mg/kg rinse, swallow od-bid
xerostomia	<ul style="list-style-type: none"> • hard sour candies, chewing gum, licorice • frequent sips of ice water • suck on ice chips • baking soda mouthwash (see above) • artificial saliva • lip gloss • provide adequate humidity in the environment (be careful not to increase risk of respiratory infections)

LAST HOURS OF LIVING:	INTERVENTIONS
mouth care	<ul style="list-style-type: none"> keep mucous membranes and teeth moist and clean using baking soda mouthwash q30–60 min prn apply mouthwash and any medications with sponge swabs do not insert fingers beyond the teeth (avoid bites) avoid lemon-glycerine swabs cover oral ulcers with topical anesthetics dab candida with Nystatin suspension a humidifier may reduce drying (be careful not to increase risk of respiratory infections)

COMPLEMENTARY THERAPIES

- relaxation therapy
- therapeutic touch

GASTRO-INTESTINAL PROBLEMS

ODYNOPHAGIA

Odynophagia = pain on swallowing.

PRESENTATION

Most often described as retrosternal pain associated with a sense of spasm or fullness. Usually made worse by swallowing fluids/food.

CAUSES

Infectious:

- candida (may occur without an oral infection)
- CMV
- herpes simplex/zoster

Other:

- esophageal ulcerations
- excess alcohol
- hiatus hernia
- hyperacidity, reflux
- radiation therapy
- spicy food
- stress

Malignancy:

- Kaposi's sarcoma
- lymphoma
- lift head of bed, lie in upright position

APPROACHES AND INTERVENTIONS

Examination, investigation and treatment of underlying causes should be appropriate to the presentation, stage and context of the person and illness.

PROBLEMS	INTERVENTIONS
pain	<ul style="list-style-type: none"> analgesics: <ul style="list-style-type: none"> provide stepwise approach (see Pain) NSAID's may be particularly helpful anesthesia: <ul style="list-style-type: none"> oxethazaine, aluminum and magnesium hydroxide mouthwash (Mucaine®) 15–30 mls tid-qid, rinse mouth, gargle, then swallow
gastroesophageal reflux heartburn, hyperacidity	<ul style="list-style-type: none"> to neutralize excess acid: <ul style="list-style-type: none"> Al or mg antacids, 15-30 mls po q2h prn (many available) alginate acid (Gaviscon®) 10–20 mls or 2-4 tabs po qid pc + hs