

Earache Pathway

Clinical Assessment/Management tool for Children



Primary and Community Care Settings

Priorities of Clinical Assessment		History	RED FLAGS AND HIGH RISK GROUPS
<ul style="list-style-type: none"> Most cases are due to a viral infection and will resolve without antibiotics Acute Otitis Media (AOM) is very common and peak age prevalence is 6-18 months 	<ul style="list-style-type: none"> Do not accept AOM as the sole diagnosis in a sick febrile young child. Other more serious causes need to be excluded, see Fever Paediatric Pathway Avoid routine use of antibiotics Exclude foreign body 	<ul style="list-style-type: none"> Recent onset ear pain (irritability in preverbal children) Fever Loss of appetite Vomiting 	<ul style="list-style-type: none"> Lethargy Viral Symptoms (cough, sore throat) Exposure to cigarette smoke is a risk factor
Examination			
<p>Are they systemically well? See APLS Aide Memoire for normal vital signs</p> <p>Look for signs of associated viral infection:</p> <ul style="list-style-type: none"> lymphadenopathy red throat coryza fever 		<p>Otoscope examination:</p> <ul style="list-style-type: none"> Distinctly red, yellow, cloudy TM Severe bulging with loss of landmarks and an air-fluid level Perforation of TM or discharge in external auditory canal 	<p>Examine outer ear & canal for signs of otitis externa or spreading infection:</p> <ul style="list-style-type: none"> Look for redness or tenderness over mastoid Skin of external ear canal swollen, tender, itchy, narrow

Diagnosis	Look out for	Management	Antibiotics	Onward referral
Acute Otitis Media	<ul style="list-style-type: none"> Alternative diagnosis Sick or febrile young child, see Fever Paediatric Pathway Red flags or complications 	<ul style="list-style-type: none"> Simple analgesia (paracetamol, ibuprofen) Short term use of topical analgesia can be used if there is an intact TM and severe pain There is no role for decongestants, steroids or antihistamines in AOM Provide written & verbal advice, see our page on earache 	<p>Antibiotics are not indicated in the vast majority of cases (NICE NG91)</p> <p>Consider antibiotics if:</p> <ul style="list-style-type: none"> <2 years with bilateral AOM Discharge from ear No improvement after 3 days Systemically unwell or high risk of complications <p><i>Amoxicillin as per BNFC or Clarithromycin if true penicillin allergy</i></p>	<p>Refer to hospital for same day advice or assessment if:</p> <ul style="list-style-type: none"> Systemically unwell Young infant where diagnosis is uncertain Acute Mastoiditis – It is diagnosed due to protruding pinna, erythema, oedema and tenderness or fluctuance in the post auricular region Facial nerve palsy associated with AOM
Recurrent Acute Otitis Media	<ul style="list-style-type: none"> >3 episodes in 6 months or >4 episodes in 1 year 	<ul style="list-style-type: none"> Swab purulent discharge for sensitivities Advice on water precautions (keep ear dry) 	<ul style="list-style-type: none"> Treat as per sensitivities Consider addition of topical to PO antibiotics if perforation 	<ul style="list-style-type: none"> Routine referral to ENT
Chronic Otitis Media	<ul style="list-style-type: none"> >6/52 of symptoms 	<ul style="list-style-type: none"> Swab purulent discharge for sensitivities Advice on water precautions (keep ear dry) 	<ul style="list-style-type: none"> Treat as per sensitivities Consider 2/52 topical ciprofloxacin 0.3% eye drops (to the ear) TDS 	<p>Refer ENT if</p> <ul style="list-style-type: none"> Unresolved with treatment Persistent abnormal TM Hearing problems
Otitis Externa	<ul style="list-style-type: none"> Watery discharge with associated itch and ear canal inflammation Unusual in young children 	<ul style="list-style-type: none"> Consider swabbing for sensitivities Advice on water precautions (keep ear dry) 	<ul style="list-style-type: none"> 1st line Otomize spray Unresolving: swab & consider switching to 1/52 topical ciprofloxacin 0.3% eye drops (to the ear) TDS 	<p>Discuss with ENT oncall if:</p> <ul style="list-style-type: none"> Microsuction required Cellulitis affecting pinna Closed ear canal Symptoms persist despite treatment

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups.