

EARACHE

Symptoms: An earache can be a sharp, dull, or burning pain that can range from mild to very painful. In children it can result in the child pulling or tugging their ear, being hot, irritable, coughing, a runny nose, unable to sleep, restless and potentially having some problems with balance. Earaches from a cold are usually self limiting.

Common reasons for earache include: Glue ear - Fluid building up deep inside the eardrum. Infection of the ear canal outside the eardrum (otitis externa). A boil or infected hair follicle in the ear canal. Eczema in the ear canal (seborrhoeic dermatitis). Injury in the ear canal from objects poked inside. Blockages from plugs of earwax. Throat infections (including tonsillitis) and colds. Jaw pain. Dental abscess or other tooth pain, such as wisdom teeth problems or facial nerve pain.

For more information:

NHS Choices

<http://www.nhs.uk/Conditions/Otitis-externa/Pages/Treatment.aspx>



Always follow WWHAM protocol and advise to read PIL before taking any medicine

Pharmacist should refer to a clinician if the patient presents with any of the following Red Flags



- **Age** - Child under 2 years old
- **Temperature** - Persistent raised temperature above 38°C
- **Severe pain** - including severe headache
- **Fever, nausea and vomiting**
- **Perforated eardrum**
- **Bleeding, discharge, trauma or foreign body**
- **Swelling** – Swelling around the ear
- **Deafness** – Not caused by wax build up
- **Neck stiffness**
- **Tinnitus** (ringing) or **vertigo** (disrupted sense of movement)
- **Duration** - Symptoms persisting for 7 days or longer after initiation of treatment

Significant interactions

Paracetamol:

- Metoclopramide and domperidone increase speed of absorption
- Colestyramine reduces absorption
- Do not take with any other product that contains paracetamol

Ibuprofen:

- May exacerbate asthma
- Corticosteroids/anticoagulants can increase risk of GI ulceration or bleeding
- Warfarin – may increase risk of bleeding
- Do not take with any other NSAIDs or if allergic to any NSAIDs

Please refer to the British National Formulary and individual product packaging for cautions and contra- indications

Self care advice...

- **Avoid sticking anything into the ear** - Do not 'clean' the ear out by sticking anything in it, i.e. cotton buds, pencils, fingers etc. as this may damage the ear further
- **Cleaning discharge** - If there is discharge, use a clean tissue or cotton wool ball to gently wipe around the outside of the ear
- **Use a warm flannel** - Placing a warm flannel or cloth over the affected ear may also help to relieve pain
- **Avoid getting the ear wet** - Avoid getting your affected ear wet - avoid swimming until you are sure that the problem has passed

Treatment option ONE

Always follow WWHAM protocol and advise to read PIL before taking any medicine

Oral systemic analgesics - Adults

Ibuprofen
200mg

Adults and children over 12 years: 1 or 2 tablets with water, up to three times daily as required. Leave at least 4 hours between doses. Do not take more than 6 tablets in 24 hours.
If symptoms persist for more than 3 days or get worse come back and speak to the pharmacist.

Paracetamol
500mg

Adults and children over 12 years: 1-2 tablets every 4-6 hours, as required. No more than 8 tablets in 24 hours.
If symptoms persist for more than 3 days or get worse come back and speak to the pharmacist.

Paracetamol will provide pain relief within 30 to 60 minutes. Ibuprofen reduces pain and helps to reduce inflammation. Paracetamol and ibuprofen can be used in conjunction with one another **in adults** and are safe to be taken at the same time, however there is benefit in taking them 2-3 hours apart.

For children 3 to 12 months

Paracetamol 120mg/5ml suspension (in a dose appropriate for their age)

Paracetamol: For both age ranges: **No more than 4 doses in 24 hours**
3 to 6 months: **One 2.5ml dose (60mg) every 4 to 6 hours**
6 to 12 months: **One 5ml dose (120mg) every 4 to 6 hours**

Ibuprofen 100mg/5ml suspension (in a dose appropriate for their weight and age)

Ibuprofen:
3 to 6 months (if above 5kg): **One 2.5ml dose (50mg) 3 times a day (every 6 to 8 hours)**
6 to 12 months: **One 2.5ml dose (50mg) 3 to 4 times a day (every 6-8 hrs)**
For both ages: **Max 30mg/kg daily** in 3-4 divided doses. Not suitable for children under 5kg or under 3 months, or with suspected asthma (unless advised by a doctor)

For children 12 months to 6 years

Paracetamol 120mg/5ml suspension (in a dose appropriate for their age)

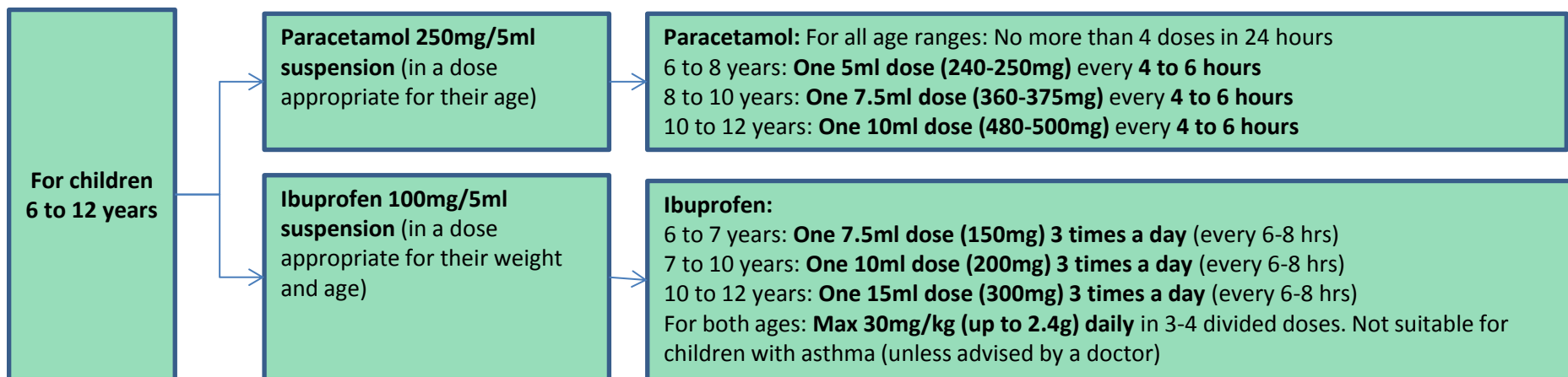
Paracetamol: For all age ranges: **No more than 4 doses in 24 hours**
12 months to 2 years: **One 5ml dose (120mg) every 4 to 6 hours**
2 to 4 years: **One 7.5ml dose (180mg) every 4 to 6 hours**
4 to 6 years: **One 10ml dose (240mg) every 4 to 6 hours**

Ibuprofen 100mg/5ml suspension (in a dose appropriate for their weight and age)

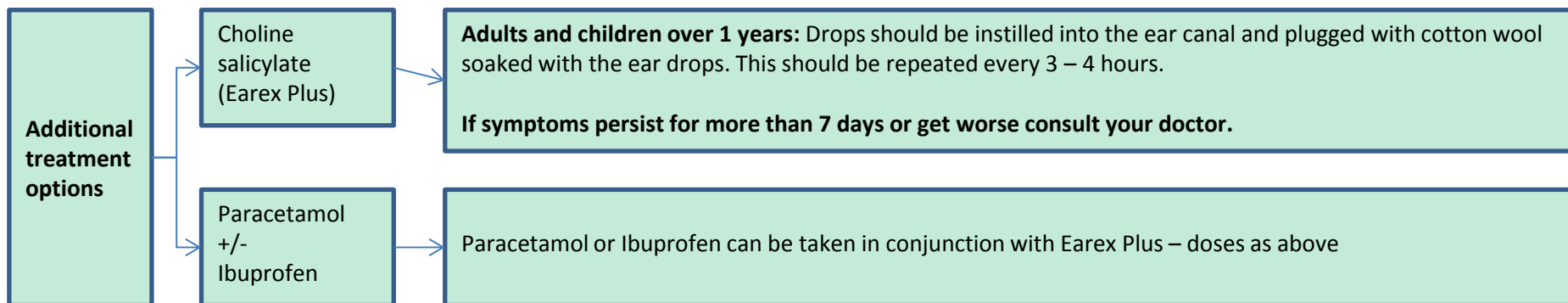
Ibuprofen:
12 months to 4 years: **One 5ml dose (100mg) 3 times a day (every 6-8 hrs)**
4 to 6 years: **One 7.5ml dose (150mg) 3 times a day (every 6-8 hrs)**
For both ages: **Max 30mg/kg daily** in 3-4 divided doses. Not suitable for children with asthma (unless advised by a doctor)

Treatment option ONE - continued

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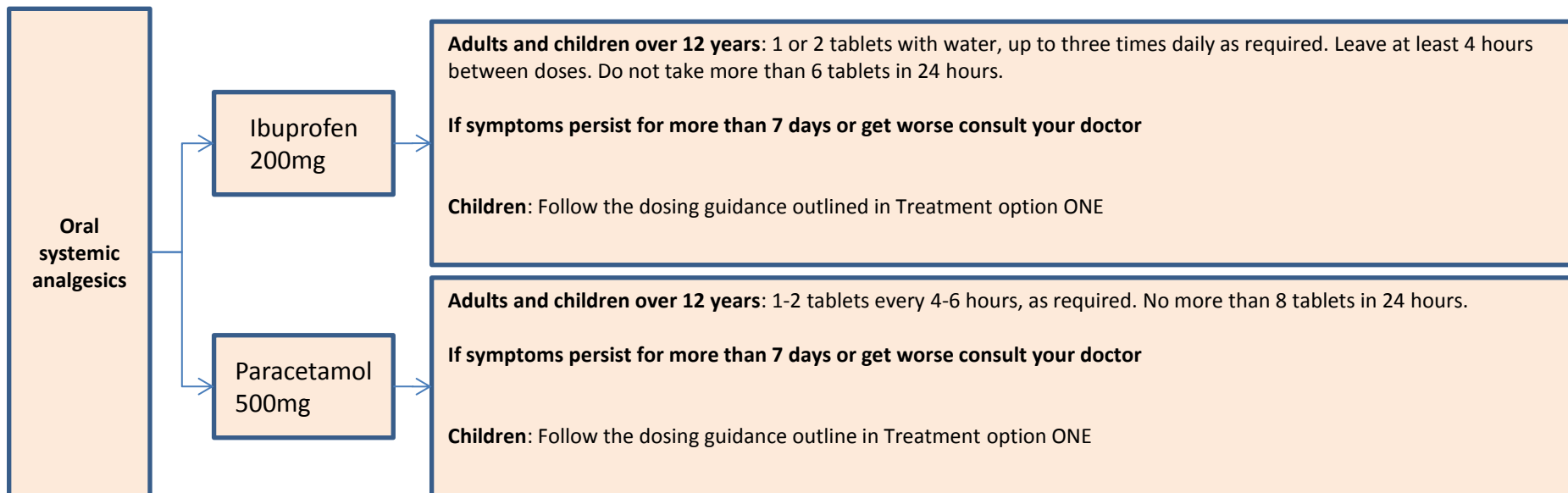
Paracetamol and ibuprofen should not be given at the same time in children. If the child does not respond to one then the alternative can be considered for the next dose. Note – individual product licenses for age/dose for ibuprofen products may vary. Always check the pack for details. Treatment should only be continued as long as child is responding up to a max 3 days.



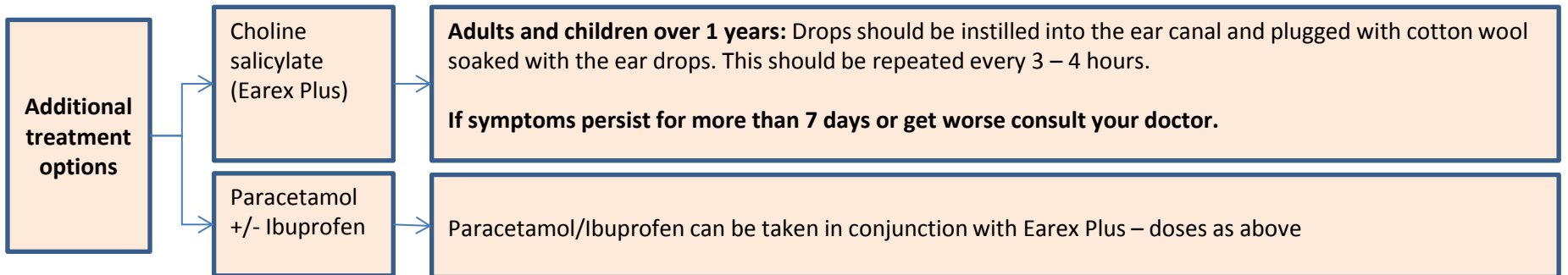
Most earaches are self-limiting and will clear up on their own within a week.

Follow-up Treatment – Pharmacist only

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Paracetamol will provide pain relief within 30 to 60 minutes. Ibuprofen reduces pain and helps to reduce inflammation. Paracetamol and ibuprofen can be used in conjunction with one another in adults and are safe to be taken at the same time, however there is benefit in taking them 2-3 hours apart.



Most earaches are self-limiting and will clear up on their own within a week. If pain persists for longer than 7 days after the start of OTC treatment, the patient should be referred to their GP.