

PF Otitis Media (Earache) Pathway Summary: For 1 - 17 years inclusive

This summary does not replace the PGDs or Clinical Pathway. Please make sure you have read, understood and signed the PGDs.

To meet Gateway criteria (and be eligible for PGD):

Moderate and severe earache symptoms not managed by pain relief (in young children - holding, tugging or rubbing of the ear). Visual inspection:

- A distinctly red, yellow, or cloudy tympanic membrane
- Moderate to severe bulging of the tympanic membrane and loss of normal landmarks and an air fluid level behind the tympanic membrane
- Perforation of the tympanic membrane and/or sticky discharge in the external auditory canal



Normal Eardrum



Acute Otitis Media (ear infection)

Exclusions: If the patient has any of the following, refer them to their GP surgery or other provider

- Under 1yr or 18yrs and over
- Mild symptoms (if no improvement after 3 days of onset, reassess)
- Pregnancy or suspected pregnancy in under 16 years
- Suspected meningitis (neck stiffness, photophobia, mottled skin)
- Recurrent acute otitis media (3 or more episodes in 6 months or four or more episodes in 12 months),
- Pre-existing comorbidity (e.g. significant heart, lung, kidney, liver or neuromuscular disease, immunosuppression, cystic fibrosis and young children born prematurely)
- Otitis Media with visible effusion, (fluid build up in middle part of the ear canal, known as glue ear)
- Temperature over 39°C.
- Suspected mastoiditis (pain, soreness, swelling, tenderness behind the affected ear(s))
- Suspected intracranial (brain) abscess (severe headache, confusion or irritability, muscle weakness)
- Suspected sinus thrombosis (headache behind or around the eye(s))
- Facial nerve paralysis (drooping of the face)
- Individuals with cholesteatoma (abnormal collection of skin cells deep inside the ear)
- Bloody/blood stained discharge from ear(s)
- Haemoglobinopathies or Glucose-6-phosphate dehydrogenase (G6PD) deficiency (or other risk factors for methemoglobinemia – rare blood disorder)

Treatment: 7 day supply (5 days for oral treatment)

1st Choice: Otigo ear drops. 4 drops three times a day to affected ear for up to 7 days

For patients:

- Under 2 years with both ears affected
- Perforation and or discharge after perforation
- Symptoms for more than 3 days

Treatment: Amoxicillin capsules/ liquid three time a day for 5 days (Clarithromycin when Amoxicillin contraindicated, Erythromycin when Amoxicillin contraindicated and pregnancy or suspected pregnancy).

Advice/Safety Netting:

- If symptoms worsen rapidly or significantly at any time or do not improve in 3 days the patient should contact their GP surgery or other provider as appropriate.
- Provide TARGET RTI leaflet
- Provide advice on pain management: where appropriate, paracetamol, alone or combination with ibuprofen.
- Explain that evidence suggests decongestants and antihistamines (over the counter) do not help with symptoms.