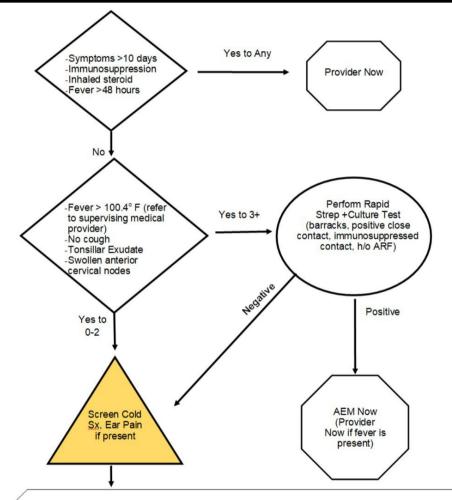
SORE THROAT/HOARSENESS, A-1

Partial Differential Diagnosis Viral Infections/COVID-19 Bacterial Infections Meningitis Neck Deep Tissue Infection Candida Infection Strep Throat RED FLAGS Shortness of Breath Stridor Deviated Uvula Drooling/Trouble Swallowing Stiff Neck Activity Modification: None Activity Modification: None Stridor None



Treatment Protocol

- ⇒ Medications: ibuprofen, acetaminophen, or lozenges for pain
- ⇒ Salt water gargles and drink warm fluids for inflammation
- ⇒ Return if not improving in 3 days or immediately if worsening symptoms or Red Flags (above)

EAR PAIN/DRAINAGE/TRAUMA, A-2

Red Flags. If the Soldier presents with any of the red flags, immediately disposition the Soldier as "Provider Now." A stiff neck and fever are signs of meningitis, and all Soldiers with signs of meningitis should be seen by a privileged provider as soon as possible. Mastoid symptoms can be a sign of mastoiditis.

DP1. Signs of infection. All Soldiers with otitis media or moderate to severe otitis externa should be evaluated by a privileged provider to be considered for antibiotics.

DP2. Vertigo requires an internal ear evaluation. Longer timeline and decreased hearing can be signs of a complication from an ear infection or alternate cause requiring a qualified provider evaluation.

DP3. Evaluate for cold symptoms and sore throat that can be associated with ear pain with their respective protocols.

TREATMENT PROTOCOL, A-2

Mild otitis externa, temporal-mandibular joint (TMJ) dysfunction, and ear pain with normal exam should be treated with minor-care.

MCP for otitis externa. Soak wick of a cotton ball wick with OTC acetic acid/hydrocortisone ear drops. Place in the ear for 24 hours while using the drops. Remove the cotton wick and continue drops for one week (three days after the symptoms have resolved). Keep the ear canal dry. Use OTC ibuprofen as needed for pain. Return to clinic if not resolved in one week or worsening symptoms to include pain or fever.

MCP for TMJ. TMJ is another common cause of pain around the ear. Evaluation includes seeing if the pain increases with opening and closing the jaw while placing the finger on the anterior inside of the ear to feel the joint. Ensure pain is not related to the heart (for example, rule out any chest pain/discomfort/pressure/numbness/weakness, and/or dizziness/lightheadedness) and pain is not associated with adjacent structures (such as neck, throat, teeth, parotids, and/or lymph nodes). Use OTC ibuprofen for inflammation and pain. Refer to dental if history of teeth grinding. Instruct on avoidance of triggers (excessive chewing, chewing gum). Home therapy is jaw isometric exercises: jaw is open one inch and jaw is pushed 1) down against a loosely fisted hand and 2) forward against a hand for five seconds each, each set is repeated five times per session with three sessions per day. Return if not improving within three days.