

# Acute Otitis Media

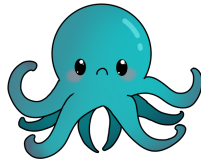


osce toolbox

For children aged 1 to 17 y/o.

**exclude**

• recurrent acute otitis media.  
↳ 3+ episodes in 6 months.  
4+ episodes in 12 months.  
• pregnant women < 16 y/o.



IS THE PATIENT AT RISK OF DETERIORATING OR SERIOUSLY UNWELL?

**Meningitis?**

• neck stiffness, photophobia, mottled skin.

**Mastoiditis?**

• pain, soreness, swelling, tenderness behind affected ear.

**Brain abscess?**

• severe headache, confusion, irritability, muscle weakness.

**Sinus thrombosis?**

• headache behind/around eyes.

**Facial nerve paralysis?**

**Consider:**

Calculating NEWS2 Score  
Signposting to A&E  
Calling 999

**Do the patient have an acute onset of:**

Earache? → older children.

Holding/tugging/rubbing ear?

Fever?

Crying?

Poor feeding?

Restlessness?

Behavioural changes?

Cough?

Rhinorrhoea?

younger children

ACUTE  
OTITIS  
MEDIA  
MORE  
LIKELY

Offer self-care  
and pain  
relief.

**And any otoscopic findings?**

Red, yellow, cloudy tympanic membrane?

Moderate to severe tympanic membrane bulging?  
↳ with loss of normal landmarks and an air-fluid level behind tympanic membrane.

Tympanic membrane perforation/sticky discharge in external auditory canal.

ACUTE  
OTITIS  
MEDIA  
LESS  
LIKELY

consider an alternative diagnosis.

**Is/Does the patient:**

Systemically very unwell?

Have signs of a more serious illness?

Have a high risk of complications from a pre-existing comorbidity?

e.g. significant lung, heart, renal, liver or neuromuscular disease.  
Immunosuppression, cystic fibrosis, young children who were premature.

**Refer to:**

GP

Any other providers you feel appropriate.

Otorrhoea/eardrum perforation?

Under 2 y/o and bilateral infection?

Offer a 5 day course of Amoxicillin and advice on self-care.

Do you think the patient has severe symptoms?  
OR  
Have they had symptoms >3 days?

**Mild symptoms:**  
Consider pain relief  
Self-care as first line treatment.

**Moderate-severe symptoms:**  
Consider Phenazone 40mg/g with lidocaine 10mg/g ear drops and self-care for up to 7 days.  
Subject to inclusion/exclusion criteria in P&D.

**Penicillin Allergy?**

Offer a 5 day course of Clarithromycin and advice on self care.

**Pregnant?**

Offer a 5 day course of Erythromycin and advice on self care.

\* **IMPERATIVE** to check for allergies with patient/carer and on National Care Record.

**Return for pharmacist reassessment in 3-5 days if no improvement.**

**ALL PATIENTS:**

- Advise to visit GP/healthcare provider if symptoms rapidly/significantly worsen, or the patient becomes very unwell/ doesn't improve despite at least 2-3 days of antibiotics.
- Give self-care, safety-netting advice and evidence on antibiotics using NICE Guidelines.