

CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

Otitis media

This is more common in children than adults. However, the mainstay of treatment is symptomatic relief with paracetamol or ibuprofen as 60% may resolve without antibiotics within 24 hours. So, advice no antibiotic prescribing strategy or a delayed antibiotic prescribing strategy on presentation.

IMMEDIATE REFERRAL TO A&E (within 24 hours)

Contact ENT specialist (Otolaryngologists) immediately if a patient has Acute Otitis Media and any of the below

- Mastoiditis
- Vertigo
- Facial palsy
- Post-auricular swelling

URGENT REFERRAL TO OS (within 2 weeks)

- People who are systemically unwell (but who do not require admission), including but not limited to fever, tachycardia, low systemic blood pressure.
- People at high risk of serious complications because of significant heart, lung, renal, liver, or neuromuscular disease, immunosuppression, or cystic fibrosis.
- Unilateral effusion in adults persisting for more than two months warrants referral to exclude a nasopharyngeal carcinoma.
- Severe ear pain not responding to treatment.

ROUTINE REFERRAL TO OS

- People whose symptoms of Acute Otitis Media (AOM) have already lasted for 4 days or more and are not improving despite antibiotic treatment.
- 3 x episodes in 6 months or 4 episodes in 12 months.
- Large or recurrent perforation.
- Persistent ear effusion.

References:

- <http://cks.nice.org.uk/otitis-media-acute> (updated July 2015)

P.S. You need to change your VPN so that it thinks you are in the UK.

Otitis Externa

IMMEDIATE REFERRAL TO A&E (within 24 hours)

- Necrotising otitis externa is suspected.

URGENT REFERRAL TO OS (within 10 days)

- Acute otitis externa where ear canal is occluded preventing administration of drugs.
- Acute otitis externa not responding to appropriate treatment (topical steroids, antifungal, antibiotic etc) in primary care.

ROUTINE REFERRAL TO OS

- Chronic otitis externa not responding to medical therapy.
- Suspected middle ear disease.
- If severe eczema suspected, consider referral to dermatology.

References

<http://cks.nice.org.uk/otitis-externa>