

Document Control

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Protocol for the Management of Ear Pain in MIUs and WICs			
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Directorate			Department
Emergency Services, Logistics and Resilience			Emergency Department
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2. Purpose

This Protocol is for the use by staff employed by Northern Devon Healthcare Trust who have achieved the agreed clinical competencies to work under this protocol. The protocol is for all patients in the Walk-In Centres and for patients over two years old in the MIUs. Any child under this age must be referred to a GP.

3. Presenting Symptoms

- Pain
- Pyrexia
- Coryza
- Unwell
- Dizziness
- Tinnitus
- Itching sensation
- Discharge
- Loss of hearing

4. History

Refer to protocol for history taking and clinical documentation.

- Document duration of symptoms < 3 days, self-limiting
- Previous episodes and treatments received
- Self-care measures
- Exposure to noise
- Use of cotton buds
- Recent flying, syringing, swimming
- Any trauma
- Recent coryza

5. Clinical Examination

- Look at the general appearance of patient and observe for pyrexia, tachycardia
- Record full set of vital signs
- Inspect the external ear for swelling or inflammation
- Document lacerations and infected piercings
- Haematoma or bruising
- Discharge, blood or otorrhoea
- Examine the ear canal
- Swelling and inflammation
- Ear wax or foreign body
- Palpate lymph glands and nodes
- Examine tragus, pinna and mastoid for swelling and tenderness

- Examine the throat for associated symptoms (refer to protocol for the management of sore throat)
- Examine ear drum for colour, perforation, bulging and fluid.

6. Treatment

6.1 Acute Otitis Media

- Administer analgesia as Patient Group Direction (PGD) or Over The Counter Medicine (OTC)
- Advise rest and increase fluids
- Advise against flying for duration of fever
- Advise they may experience short term loss of hearing

6.2 Acute Otitis Externa

- Pain on palpation of tragus, hearing loss, possible swollen ear canal, erythema, itching and discharge, fever
- Normal ear drum
- May be mild discharge
- Flumetasone 0.02% / Clioquinol 1% as per PGD
- GP follow up if no improvement
- Analgesia as PGD or OTC
- Avoid swimming while inflamed
- Avoid water entering ears

6.3 Perforation of Tympanic Membrane

- Transient ear pain / hearing loss / blood discharge
- Visible perforation
- Advise that the perforation will usually heal spontaneously. Keep ear canal dry
- Analgesia as PGD or OTC
- Advise not to swim until healing confirmed
- Avoid water entering ears
- Advise if increase pain or bloody discharge see GP
- Advise to see GP within 6 weeks to confirm healing

6.4 Tinnitus

Refer to GP for definitive diagnosis

GENERAL ADVICE

- For mild symptoms advise that most ear infections resolve spontaneously without antibiotics
- Refer all children under 2 years old to a medical practitioner

- Advise antibiotics should only be started if symptoms are not improving within 4 days of the onset of symptoms
- Antibiotics should only be given to patients who are systematically unwell but do not require admission and amoxicillin should be administered as PGD refer penicillin allergic patients to a medical practitioner or non-medical prescriber
- If in doubt refer to medical practitioner
- Refer immune-compromised patients to a medical practitioner
- Ensure women taking oral contraceptives are given current advice as PGD
- For head or neck injury refer to protocol for minor head injury / traumatic neck pain
- Record a full set of neurological observations and refer / treat according to protocol
- For foreign body refer to protocol for removal of foreign body from ear / nose
- Refer any severe ear trauma to medical practitioner or secondary care
- Refer any suspected mastoiditis to medical practitioner or Ear, Nose and Throat team
- Refer any patient who is systematically unwell to a medical practitioner
- Refer impaction of ear wax to GP for treatment. Advise patient to commence instilling 2 drops of olive oil twice daily and take advice from GP or practice nurse

7. Discharge Pathway

Assess and document pain score prior to discharge

Ensure patient is issued with appropriate advice sheet (if available) and that patient understands the need to return if symptoms change or worsens.

Discuss home analgesia with patient, parent or carer and advise OTC medication or administer TTO medication as per PGD.

7.1 DOCUMENTATION TO BE COMPLETED

- Clinical treatment record as per Documentation & record keeping policies. Copy of clinical treatment record to General Practitioner; to be sent to surgery as per Record keeping policy.
- For patients being transferred to secondary care, ensure a copy of the clinical treatment record is sent with patient. A copy will also be sent to surgery in normal manner.
- **For patients seeing their General Practitioner in next 24 hours ensure patient is given a copy of the clinical treatment record to take with them. A copy will also be sent to surgery in the normal manner.**

7.2 BEFORE DISCHARGE ENSURE

- Those patients who have been referred for further acute intervention has appropriate transport to meet their needs, all relevant treatment has been prescribed and administered and correct information and documentation is given to the patient.
- The patient understands that if condition deteriorates or they have further concerns they should seek further advice.
- The patient demonstrates understanding of advice given during consultation.
- The patient has been provided with written advice leaflet to re-enforce advice given during consultation.
- The patient demonstrates an understanding of how to manage subsequent problems.

8. References

- British National Formulary Children / Adults (current editions)
- CKS (NICE July 2015) acute otitis media/acute otitis externa
- CKS (NICE April 2010) Management of Tinnitus
- CKS (NICE May 2012) Management of Ear Wax
- CKS (NICE July 2015) Management of Furuncle
- Consent Policy V3.3(2014) NDHCT
- Medicines Policy V1.0(2015)NDHCT
- North and East Joint Formulary (via trust intranet)
- Patient Group Direction Policy (2013)

APPENDIX A – Essential Documentation for All Patients Attending Unit or Centre

Adults Consent

Gain consent to be seen by a nurse practitioner

Gain consent for treatment and sharing information and document.

Clinical Presentation

If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Document a full set of observations including neurological observations including Glasgow coma score if applicable.

Record EWS: if 7 or above arrange immediate transfer to secondary care.

Document pain score using numeric rating scale. For cognitively impaired patients document any signs of pain (e.g. grimaces or distress).

Safeguarding

- Assess for mental capacity and if person is a vulnerable adult.
- Assess for learning disability and whether patient has a hospital passport in place.
- Assess for risk of domestic abuse.
- Assess falls risk. Complete falls referral if applicable.
- Document names of persons accompanying patient.

APPENDIX B – Essential Documentation for All Patients Attending Unit or Centre

Child and Young Persons under 18 Years Old Consent

Gain consent to be seen by a nurse practitioner

Gain consent for treatment and sharing information

Assess and document Gillick competency according to Fraser guideline if applicable.

Document name of person's accompanying patient

Clinical Presentation

If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Record PEWS: if any one parameter is triggered transfer to secondary care or seek advice from medical practitioner.

Use guideline Traffic Light System (NICE) 2013 if applicable.

Use guideline Feverish Illness (NICE) 2013 if applicable.

Document pain score using FLACC, Wong Baker Faces or numeric rating scale.

Safeguarding

- Assess safeguarding
- Assess for domestic abuse in the home
- Assess for learning disability

DOCUMENT ALL FINDINGS IN THE CLINICAL TREATMENT RECORD AND ACT ON THEM FOLLOWING NDHCT GUIDELINES.

APPENDIX C – Training Competency Form

Protocol for Ear Pain

Protocol operational from April 2016 and expires end of April 2019

The registered health professional named below, being employees of Northern Devon Healthcare Trust based at have received training and are competent to operate under this protocol

NAME (<i>please print</i>)	PROFESSIONAL TITLE	SIGNATURE	AUTHORISING MANAGER (<i>please print</i>)	MANAGER'S SIGNATURE	DATE

Keep original with the authorising manager and send a copy to: Emergency Department, Northern Devon Healthcare Trust NHS, Raleigh Park, Barnstaple, Devon, EX31 4JB