**Otitis Media Flip (adults)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subjective**

* Possible ear pain.
* Diminished hearing in affected ear.
* Sensation of fullness in ear.
* History of recent exposure to allergen or upper respiratory infection for 3-5 days.
* May experience vertigo, nausea, nystagmus, lethargy.
* Document allergies to antibiotics and any other medications.
* Document ill contacts (friends/family members/co-workers).

**Objective**

* Document vital signs (fever).
* Tympanic membrane may be red and/or have fluid behind the ear drum.
* Examine for eardrum perforation.
* Sometimes earache can come from referred pain from throat, tonsils, teeth, mouth, etc.
* Inflammation may be viral or bacterial.

**icd-10 codes**

* Otitis media NOS, 382.9 **OR** Otitis media, acute with rupture of ear drum, 382.01

**Treatment**

* If fever 101 or > and otitis media findings on exam, start antibiotics.
* Mild to moderate disease: Amoxicillin 500 mg BID for 7 days
* Severe disease (eg, patients with fever, significant hearing loss, severe pain, and/or marked erythema): Amoxicillin 875 mg BID for 10 days

In patients who report penicillin allergy but who did not experience a type 1 hypersensitivity reaction (urticaria or anaphylaxis), we suggest one of the following:

* [Cefdinir](http://www.uptodate.com/contents/cefdinir-drug-information?source=see_link) (300 mg twice a day or 600 mg once daily)
  + [Cefpodoxime](http://www.uptodate.com/contents/cefpodoxime-drug-information?source=see_link) (200 mg twice a day)
  + [Cefuroxime](http://www.uptodate.com/contents/cefuroxime-drug-information?source=see_link) (500 mg every 12 hours)
  + [Ceftriaxone](http://www.uptodate.com/contents/ceftriaxone-drug-information?source=see_link) (2 g IM or IV once)
* Always include symptomatic treatment for pain or fever with acetaminophen or ibuprofen as appropriate.
* Increase caffeinated drinks.

**Education**

* If no improvement in 24 hours after onset of treatment, patient needs to call back for an appointment.
* Acute otitis media may possibly rupture the tympanic membrane (eardrum). Usually this heals uneventfully.
* Meningitis and mastoiditis are rare complications of acute bacterial otitis media and require hospitalization.
* Look into causes other than the ear if you don’t find an acute ear infection. Anything from the neck up can cause ear pain. Acute unilateral bacterial otitis media can be caused by a tumor in the throat.
* Warm compresses to ear for comfort.

**Co-Visit**

* Present to provider after examination but BEFORE documentation.
* Make sure all of the above is documented after consultation with provider.

***Call back for appointment with provider if:***

* Persistent fever
* New drainage from ear or increased swelling in region of ear/mastoid
* Not improving with antibiotics after 24 hours
* Decreased PO intake, listlessness, vomiting

**Document all of above in Medical Record and send visit to PCP for completion.**

*Adapted from La Clinica, CO—January 2016*