

CT Children's CLASP Guideline

Otitis Media

INTRODUCTION	<p>Otitis media is exceedingly common in childhood and has many etiologies. Symptoms of otitis media are variable, but may include otalgia, fever, irritability, poor sleep, temporary hearing loss, and/or otorrhea. Most episodes of acute otitis media (AOM) are managed uneventfully in the outpatient setting, either through watchful waiting or directed antimicrobial therapy.</p> <p>However, despite adequate therapy, 3-7% of all children are candidates for tympanostomy tubes. Indications for surgical intervention include:</p> <ul style="list-style-type: none"> • Recurrent infections (3 or more well-documented and separate AOM episodes in the last 6 months, or at least 4 well-documented and separate AOM episodes in the last 12 months with at least 1 in the last 6 months) • Chronic effusion for 3 months or more that is associated with hearing loss • Complications from otitis media, although rare, may require prompt surgical intervention and management (e.g., mastoiditis, associated abscess, facial nerve paresis) <p>For further information, please see References.</p>		
INITIAL EVALUATION AND MANAGEMENT	<p>INITIAL EVALUATION:</p> <ul style="list-style-type: none"> ▪ The goal of the initial evaluation is to establish the diagnosis and severity of otitis media <p>INITIAL MANAGEMENT:</p> <ul style="list-style-type: none"> ▪ The management of routine otitis media is based on clinical judgment and the American Academy of Pediatrics and American Academy of Otolaryngology clinical practice guidelines (see References) <ul style="list-style-type: none"> ○ If otorrhea is present <i>with</i> tympanostomy tubes, the recommendation is to start ototopical drops ○ If otorrhea is present <i>without</i> tympanostomy tubes, the recommendation is to start oral antibiotics ○ If chronic otitis media with effusion is present for 3 months or more, conduct a hearing screen (or refer to Audiology if unable to do a hearing evaluation in the primary care office) ○ If complications due to otitis media are present or impending, referral to the Emergency Department is strongly encouraged to facilitate timely imaging studies and hospital admission if necessary ▪ See When to Refer for more information 		
WHEN TO REFER	<table> <tr> <td data-bbox="302 1407 964 1862"> <p><u>WHEN TO REFER TO EMERGENCY DEPARTMENT:</u></p> <ul style="list-style-type: none"> ▪ Redness and swelling behind the ear ▪ Proptosis and lateral and forward displacement of the ear ▪ Change in mental status ▪ Vertigo ▪ Sudden loss of hearing ▪ Facial nerve dysfunction ▪ Severe headache ▪ Neck stiffness </td><td data-bbox="964 1407 1611 1862"> <p><u>WHEN TO REFER TO OTOLARYNGOLOGY:</u></p> <p>Routine Referral (within 4 weeks):</p> <ul style="list-style-type: none"> ▪ Persistent otorrhea (>2 weeks) ▪ No clinical improvement on antibiotics within 72 hours ▪ Recurrent infections (at least 3 in 6 months, 4 in 12 months) ▪ Chronic otitis media with effusion for 3 months or greater with or without associated hearing loss </td></tr> </table>	<p><u>WHEN TO REFER TO EMERGENCY DEPARTMENT:</u></p> <ul style="list-style-type: none"> ▪ Redness and swelling behind the ear ▪ Proptosis and lateral and forward displacement of the ear ▪ Change in mental status ▪ Vertigo ▪ Sudden loss of hearing ▪ Facial nerve dysfunction ▪ Severe headache ▪ Neck stiffness 	<p><u>WHEN TO REFER TO OTOLARYNGOLOGY:</u></p> <p>Routine Referral (within 4 weeks):</p> <ul style="list-style-type: none"> ▪ Persistent otorrhea (>2 weeks) ▪ No clinical improvement on antibiotics within 72 hours ▪ Recurrent infections (at least 3 in 6 months, 4 in 12 months) ▪ Chronic otitis media with effusion for 3 months or greater with or without associated hearing loss
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HOW TO REFER	<p>Referral to Otolaryngology Department via CT Children's One Call Access Center Phone: 833.733.7669 Fax: 833.226.2329</p> <p>Referral to Audiology: Phone: 860.545.9642 Fax: 860.545.9662</p> <p>For more information on how to place referrals to Connecticut Children's, click here</p>	<p>Information to be included with the referral:</p> <ul style="list-style-type: none"> ▪ Notes from the initial and follow up visits with the PCP ▪ Results of any hearing tests or tympanometry ▪ Results of any radiology studies ▪ Results of any ear fluid cultures
WHAT TO EXPECT	<p><u>What to expect from CT Children's Emergency Department visit:</u></p> <ul style="list-style-type: none"> ▪ History, physical exam ▪ Possible imaging (CT temporal bones with contrast, MRI) ▪ Possible laboratory tests ▪ Possible admission for IV antibiotics ▪ Possible urgent otolaryngology consultation ▪ Possible urgent surgical intervention 	<p><u>What to expect from CT Children's Otolaryngology visit:</u></p> <ul style="list-style-type: none"> ▪ History, physical exam ▪ Possible exam with binocular microscopy ▪ Possible culture of otorrhea ▪ Possible recommendation for surgical management