**Primary care management guidelines**

**Management of Discharging Ear**

Refer to Community ENT Service if appropriate:

Wax removal, otitis externa, mastoid cavities, known perforations, foreign bodies, contraindications to ear irrigation, ear irrigation, aural toilet

Patient with discharging ear: green, yellow fluid emanating from the ear canal



Does the patient have acute symptoms of otitis externa: pain, non-mucoid discharge, hearing loss, swollen ear canal?

No

Yes

If severe

pain/cellulitis

Cleanse the ear canal with gentle syringing/irrigation

Topical antibiotic and steroid drops General advices e.g. do not poke ears or let shampoo and soap into ears

+/- Systemic ABX, if discharge in ears take culture and that will guide antibiotic therapy.

Is it acute otitis media?

Refer to ENT casualty

No

Consider alternative diagnosis -

(i.e. furunculosis, granular myringitis, malignant otitis externa etc.)

Yes

2 week course of topical antibiotic/steroid drops and review

If symptoms do not clear

Refer to ENT

|  |  |
| --- | --- |
| Treat according to other guidelines (SIGN/NICE, Acute [otitis media) **NEL Antimicrobial guidance.**](http://gp.redbridgeccg.nhs.uk/Downloads/Medicines%20Management/Clinical%20prescribing%20guidance/Infection/North_East_London_mangement_of_Infection_guide_Final_Jan_18.pdf) | Is it chronic suppurative otitis media? i.e. persistent mucoid smelly discharge, with or without deafness |
|  |  |  |  |



Symptoms resolve and cause clearly identified and not serious?

Yes

No

Continue self- management

**Flumetasone/Clioquinol 0.02% w/v/ 1% w/v Ear Drops solution generic for Locorton Vioform ear drops for mixed infection**

**Ciprofloxacin 0.3% w/v generic for ciloxan ear drops for bacterial infection**

**Clotrimazole 1.0% w/v generic for cansten ear drops for fungal infection**

Refer to ENT with the following information

* Patient history
* Treatments tried: duration, side effects, response
* Results of any investigations

**Note:**

Aminoglycoside ear drops may in theory be ototoxic in the presence of a non-intact tympanic membrane, but in general are safe to use for up to 2 weeks in the presence of definite infection. However, aminoglycoside ear drops are not recommended in the better or only hearing ear in patients with pre-existing hearing loss. Consider ofloxacin

/ ciprofloxacin eye drops are to be used ‘off Label’ in the ear as an alternative. (unlicensed indication).



Discharge from ENT clinic with specific management plan