OTITIS EXTERNA - ACUTE

Level II
(No Level I)

Skill Level: RN

Definition: Inflammation of the auricle and external auditory canal. May be acute or chronic.

MODERATE	

Subjective:
• History of one or more:
  o Insertion of foreign object into ear canal.
  o Potential exposure to irritants.
  o Regular use of earplugs or earphones.
• Complaints of pain or itching.
• May have diminished hearing.
	Assessment:
	• Alteration in:
	  o comfort
	  o skin integrity; ear canal, auricle
	  o sensation: hearing

Objective: • No temperature of 100.4 degrees F or higher. • May have enlarged lymph nodes: Pre- and post-auricular enlargement. • May have pain with clenching teeth, opening mouth or chewing. • Edema and erythema of external auditory canal, frequently with pus present in the canal. • Tympanic membrane appears normal or mildly red, no evidence of tympanic membrane perforation. • No redness or heat of the ear (pinna) itself. • No history of Diabetes, chronic oral steroid use, or any immune compromising medication or medical condition.	**Plan:** **Patient education and self-care items for this protocol include:** • Tylenol/Aspirin 1-2 tabs every 4 hours. • Ibuprofen 200 mg 1-2 tabs QID. • **Naprosyn, Aspirin, and Ibuprofen are not recommended for pain management for pregnant patients, please instruct all pregnant patients to use Acetaminophen (available in housing units) for minor pain management.** **Check for allergies to medications.** • If tympanic membrane perforation is suspected refer to provider. • If severe swelling, especially if it extends beyond canal, fever over 100.4 F, or if patient is potentially immune compromised, call provider for advice and make a provider appointment. • Gently irrigate canal if needed. • Apply warm compresses for comfort. • For mild to moderate swelling, use Otocort ear drops 4-6 TID x 10 days (may wick the ear canal as needed). • Instruct patient to return to clinic in 5 days if no improvement and in 10 days if not resolved.

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Nursing Education:

1. Mild redness and/or inflammation of external ear canal is a normal variant and does not require treatment with antibiotics.

2. Severe chronic otitis externa may reflect underlying Diabetes Mellitus, hypothyroidism, nephritis or impaired immune function.

3. Cleaning out the external canal is an essential first step in treatment. The removal of cerumen, desquamated skin, and purulent material from the ear canal greatly facilitates healing and enhances penetration of ear drops into the site of inflammation.

4. Do not attempt irrigation of the ear canal if eardrum perforation is suspected.

5. "Wicking" the ear canal can help penetration of drops into the swollen canal. Insert ¼ " Nu-Gauze as a wick. Consider provider assistance.

Patient Teaching:

1. Disease course and expected outcome: Hearing loss may continue during course of treatment. Symptoms should abate within two weeks. Condition may become recurrent with repeated exposure to causative irritant, noncompliance with treatment regimen, or ineffective medication insertion techniques.

2. Prevention: Teach all patients that ears are self-cleansing and it is important to avoid inserting anything into canal. Excessive cerumen should be removed by health professional. Instruct in proper drying of ears after bathing.

3. Keep hair clean.

4. Educate regarding the problems with prolonged use of earplugs, earphones and hearing aids.

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APPROVED:

Health Services Manager	Date
Chief Medical Officer	Date
Steve Shelton MD.	2/24/2015
Medical Director	Date

Date Effective: 3/2015
Revised: February 2015