

OTITIS MEDIA – Level II

OTITIS MEDIA

**Level II
(No Level I)**

Skill Level: RN

Definition: Inflammation of the middle ear. May be viral or bacterial.

<p>Subjective:</p> <ul style="list-style-type: none">• Possible ear pain.• Diminished hearing in affected ear(s).• Sensation of fullness in ear.• History of:<ul style="list-style-type: none">-recent exposure to allergen.-upper respiratory infection for 3-5 days.	<p>Assessment:</p> <ul style="list-style-type: none">• Alteration in:<ul style="list-style-type: none">-comfort-communication
<p>Objective:</p> <ul style="list-style-type: none">• Tympanic membrane must be red and bulging.• Fluid line or bubbles behind the eardrum.• Decreased hearing on affected side.• May have vertigo, nausea, nystagmus, lethargy.• No eardrum perforation suspected.• Consider emergency dental protocol.• If no objective findings for ear pain are noted on examination, consider dental or medical provider referral for examination.	<p>Plan: Generally, antibiotics are to be avoided.</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Increase non-caffeinated drinks.• If pain for 48 hours and otitis media findings on ear exam, start antibiotics,• After checking for allergies to medications may suggest:<ul style="list-style-type: none">-Amoxicillin 500 mg TID x 10 days.OR --Azithromycin 500mg on day one and 250mg daily for 4 additional days <u>if Penicillin allergic.</u>• <u>Call provider before issuing any medications to pregnant patients, complete pregnancy test as needed.</u>• <u>Return to clinic</u> in two days for recheck. Consider referral to practitioner if not improving.• If eardrum perforation suspected, schedule practitioner visit and initiate shower precautions (see nursing education).

OTITIS MEDIA – Level II

Nursing Education:

1. Acute otitis media may possibly rupture the tympanic membrane (eardrum). Usually this heals uneventfully.
2. Meningitis and mastoiditis are rare complications of acute bacterial otitis media. Contact practitioner if patient appears acutely ill.
3. 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.
4. Acute unilateral bacterial Otitis media can be caused by a tumor in the throat.
5. Get a practitioner follow-up if your patient has fever and a red eardrum.
6. If tympanic membrane is perforated on exam, initiate intervention to prevent water getting into the ear. Either issue a barrier (cotton balls) or instruct patient to shower in such a way to prevent any water in affected ear.

APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

Steve Shelton M.D.

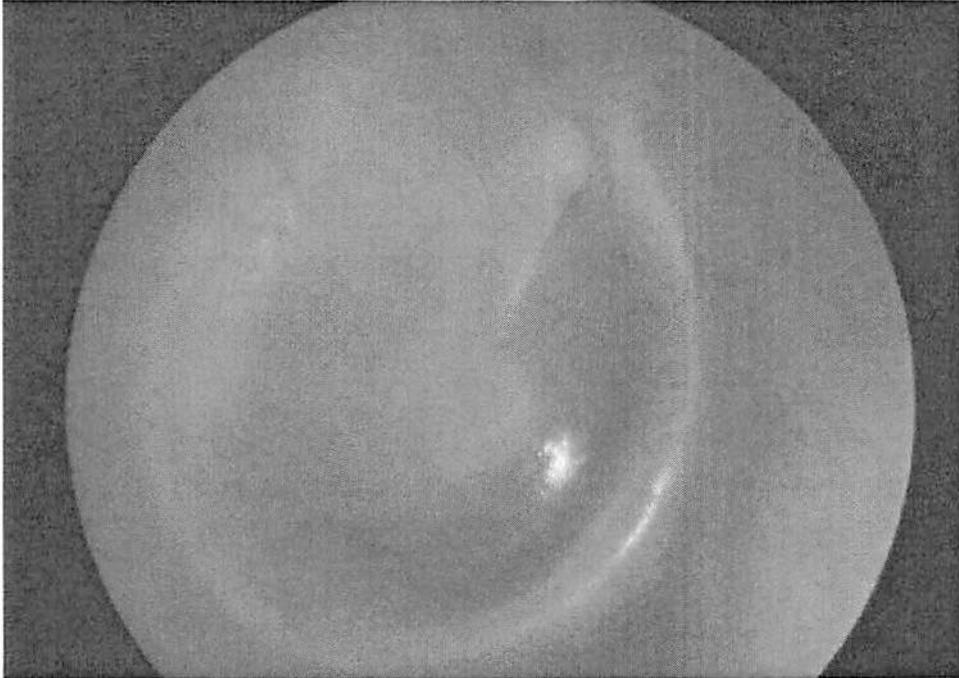
2/24/2015

Medical Director

Date

Date Effective: 3/2015
Revised: February 2015

OTITIS MEDIA – Level II



NORMAL



INFECTION—Acute Otitis Media
(Note redness, bulging and loss of
“landmarks”).



Fluid behind the eardrum with eardrum perforation.
(Note diffuse cloudiness and perforation near
the center of the picture.)