

## Recurrent Otitis Media

### Patient Presentation

- Recurrent ear infections associated with URTIs, otalgia, recurrent ear discharge

### Initial GP Work Up

MUST have recent audiogram (within preceding 6 months)

### Management Options For GP

Treat acute episodes:

- Amoxicillin (45mg/kg) BD for 10 days OR
- Augmentin duo (45mg/kg) BD for 10 days
- Ciprofloxacin HC TDS for 3-7 days if otorrhea

Manage environmental factors:

- Consider adjusting daycare attendance (or to smaller daycare facility)
- Discuss with parents risk of passive smoke and AOM (RR-1.66)
- Encourage weaning of pacifier after 11 months (RR-1.24)

### WHEN TO REFER

- Recurrent ear infections with resulting social/developmental concerns
- Recurrent ear infections with associated otorrhoea
- Child with craniofacial abnormality
- Speech development delay

## Middle ear effusion (glue ear)

### Patient Presentation

- Hearing loss, balance and coordination problems, speech and language delay

### Initial GP Work Up

- MUST have recent audiogram (within preceding 6 months)

### Management Options For GP

May instigate intranasal steroids IF child has associated nasal congestion/rhinorrhoea and if older than 2, and NO contraindications (e.g. mometasone 5mcg nocte) – no conclusive evidence of benefit

Manage environmental factors (til definitive surgery)  
Encourage parents and teachers to speak clearly and directly to child

Encourage parents to notify teacher so as to best position child in class

### WHEN TO REFER

- Persistent audiological evidence of effusion longer than 4 months
- Audiological evidence of bilateral effusion with history suggestive of developmental delay in infant
- Audiological evidence of effusion with history suggestive of social/classroom impairment in school aged children
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## Ear drum perforation

### Patient Presentation

- Chronic or recurrent ear discharge, hearing loss

### Initial GP Work Up

- Topical ear medication, Keep ear dry
- Audiogram

### Management Options For GP

Review after 3 months

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### WHEN TO REFER

- Recurrent episodes of discharging ear, persistent discharge despite treatment, deteriorating hearing, when vertigo exists with acute perforation

## Chronic Ear Disease

### Patient Presentation

- Chronic ear discharge which is discharge for longer than 3 months

### Initial GP Work Up

- Audiogram

### Management Options For GP

Ciprofloxacin HC Ear Drops for 1 week  
Keep ear dry  
No irrigation of ear

### WHEN TO REFER

- Discharging ear for longer than 3 months, failure to settle with topical medication, Otolgia, headaches, vertigo

Complications ie; meningitis, facial palsy, vertigo

## Tinnitus

### Patient Presentation

Chronic unilateral tinnitus

### Initial GP Work Up

- audiogram

### Management Options For GP

- Refer to Australian Hearing Services for options eg: masking hearing aid

### WHEN TO REFER

Unilateral sensorineural deafness, vertigo

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## Vertigo

### Patient Presentation

Dizziness, instability, imbalance

### Initial GP Work Up

- Audiogram
- Electrocardiogram ?cardiac factors

### Management Options For GP

- Dix Hallpike manoeuvre to diagnose BPPV, and Epleys manoeuvre to manage.

### WHEN TO REFER

- Intractable rotatory vertigo resistant to conservative measures. Unilateral hearing loss and tinnitus.