Ear Disease

A guide for the diagnosis and management of otitis media in Aboriginal and Torres Strait Islander children

**NORMAL EARDRUM**

Advises families to:
- Be aware of normal language milestones
- Visit a health centre regularly for ear checkups
- Visit a health centre if the child gets pus in their ear

**OTITIS MEDIA WITH EFFUSION**

Ask about: hearing problems

Advises families to:
- Talk to babies and toddlers
- Encourage children to speak and write
- Tell stories and read to young children

Do:
- See the child again in 3 months
- Check medical records for previous history of OM
- If child has OME for more than 3 months:
  - Check medical records for previous history of OM
  - See the child again in 3 months

Do:
- Tell stories and read to young children

Ask about:
- Visit a health centre if the child gets pus in their ear
- Visit a health centre regularly for ear checkups
- Be aware of normal language milestones

Advise families to:
- Visit a health centre if the child gets pus in their ear
- Visit a health centre regularly for ear checkups
- Be aware of normal language milestones

**ACUTE OTITIS MEDIA**

Ask about: ear pain and past ear infections

Advises families of the risks of developing a perforation with pus

Do:
- Give analgesics if the child is in pain
- If the child is under 2 years of age with AOM in both ears give antibiotics (e.g. amoxycillin 50-90mg/kg/day 2-3 times daily for 7 days)
- Check again in 7 days if the eardrum is still bulging or looks red/increased
- Increase dose to 90mg/kg/day or combination treatment if the child is at high risk of CSOM

Ask about:
- If the child is not at high risk of CSOM wait
- Check again in 7 days if the eardrum is still bulging or looks red/increased
- If the child is under 2 years of age with AOM in both ears give antibiotics (e.g. amoxycillin 50mg/kg/day 2-3 times daily for 7 days)
- Give analgesics if the child is in pain

**ACUTE OTITIS MEDIA WITH PERFORATION**

Ask about: ear pain and past ear infections

Advises families that AOM wiP frequently leads to CSOM in high risk populations if not treated properly

Do:
- Organise weekly review until AOM and ear discharge resolve
- Give antibiotics (e.g. amoxycillin 50-90mg/kg/day 2-3 times daily for at least 14 days)
- After 7 days if the perforation has not resolved increase dose to 90mg/kg/day or combination treatment such as amoxycillin - clavulanate
- Clean discharge in the ear canal and apply topical antibiotics (e.g. amoxycillin 25-50mg/kg/day for 3-6 months)

Ask about:
- If the child is not at high risk of CSOM wait
- Check again in 7 days if the perforation has not resolved increase dose to 90mg/kg/day or combination treatment such as amoxycillin - clavulanate
- Clean discharge in the ear canal and apply topical antibiotics (e.g. amoxycillin 25-50mg/kg/day for 3-6 months)

**CHRONIC SUPPURATIVE OTITIS MEDIA**

Ask about: the frequency and duration of discharge and signs of hearing loss

Note: the position and size of the perforation and any pus in the ear canal

Advises families that AOM wiP frequently leads to CSOM in high risk populations if not treated properly

Do:
- Clean the ear canal with tissue paper or syringing with dilute Betadine (1:20) then apply topical antibiotics
- Prescribe topical antibiotics (e.g. oxiprisone 2-6 drops 2-4 times a day after cleaning) until the ear has been dry for at least 3 days
- Review weekly until ear discharge has resolved
- Review again in 4 weeks after resolution of discharge
- Refer to an oto-eurist, speech therapist and ENT specialist if CSOM persists over 3 months

**DRY PERFORATION**

Ask about: hearing problems and the frequency and duration of discharge

Note: position and size of the perforation

Advises families to:
- Attend the clinic if new discharge occurs

Do:
- Refer for hearing test when dry perforation persists for more than 3 months
- Refer children over 6 years of age with a dry perforation for more than 6 months to ENT specialist
- Refer children with hearing loss greater than 20db or recurrent infection to an ENT specialist

Advise families:
- How to do tragal pumping (pressing several times on the skin in front of the ear canal)
- On ear cleaning before applying topical antibiotics
- After cleaning before applying topical antibiotics

Notes:
- If the perforation covers 1% of the eardrum, prescribe topical antibiotics for at least 3 days
- If the perforation covers 1-5% of the eardrum, prescribe topical antibiotics for at least 14 days
- If the perforation covers 5-15% of the eardrum, prescribe topical antibiotics for at least 21 days
- If the perforation covers more than 15% of the eardrum, refer to an ENT specialist

Images were kindly donated by Dr. Michael Hawke and the Ear Science Institute Australia.