Otitis Media



FAST FACTS

of children have otitis media before they're 5 years of age

2 million+

new cases of otitis media diagnosed annually

Otitis media is common in children, due to recurrent infections (recurrent acute otitis media - RAOM) or persistant fluid inadequately cleared through eustachian tubes (chronic otitis media with effustion - COME). Both conditions can cause significant problems such as ear pain, drainage, hearing loss, imbalance and recalcitrant fevers. RAOM is commonly treated with antibiotics, while COME is not.

ASSESSMENT

Perform a standard health history and physical exam (HPE).

HPE RED FLAGS

Situational History

- · Purulent ear drainage not amenable to topical ear drops
- Decreased hearing
- Ringing in the ears
- Imbalance
- Failed hearing screen
- Speech delay
- 3+ episodes of RAOM in 6 months

Family History

- · Hearing loss/disorder
- · Craniofacial syndromes

Patient History

- Failed newborn hearing screen
- Trisomy 21
- Cleft palate
- Eustacian tube dysfunction
- Immunocompromised
- Developmental disorders that would affect speech and language
- Craniofacial disorders

Physical Exam

- Middle ear effusion that doesn't clear in 3 months
- Tympanic membrane perforation
- Cholesteatoma
- Tender mastoid (red and swollen)

MANAGEMENT/TREATMENT OF OTITIS MEDIA

Determine type of otitis media.

Chronic otitis media with effusion (COME)

- Treat with acetaminophen or ibuprofen for pain
- Do NOT treat with antibiotics or systemic steroids, or with antihistamines as primary treatment
- · Obtain hearing test

WHEN TO REFER

· Reevaluate at 3 months to evaluate for resolution of effusion

Recurrent acute otitis media (RAOM)

- Treat with acetaminophen or ibuprofen
- · Treat with antibiotics

• Patient fails in-office hearing tests

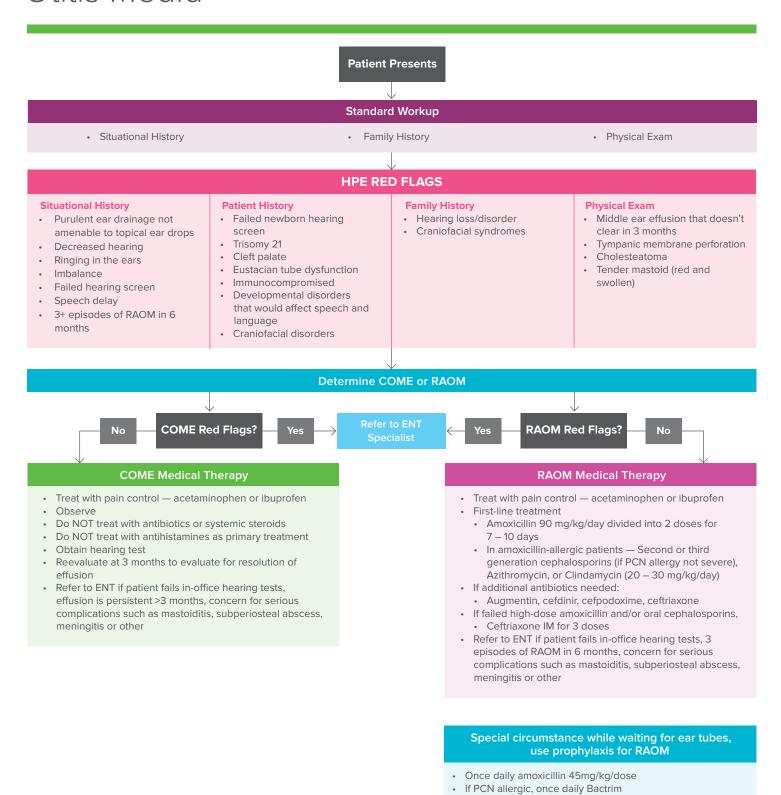
Refer patient to Cincinnati Children's ENT if:

- Effusion is persistent >3 months
- 3 episodes of RAOM in 6 months
- · Send to Cincinnati Children's Emergency Department for further evaluation if you are concerned about these possible complications of otitis media: mastoiditis, subperiosteal abscess, meningitis, and the like

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

If you have clinical questions about patients with either form of otitis media, email ENT@cchmc.org.

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.