

EAR DISEASE DIAGNOSIS TOOL

THIS TOOL WAS DEVELOPED FROM THE CARPA STANDARD TREATMENT MANUAL (8TH ED) PAGES 394-406
SOME IMAGES WERE KINDLY DONATED BY KATHY CURRIE AT THE CENTRAL AUSTRALIAN ABORIGINAL CONGRESS



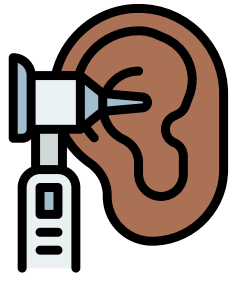
HISTORY

ASK A DETAILED HISTORY & CHECK CLINICAL HISTORY!

- How long has the problem been going on?
- Is there pain or tenderness?
- Is there discharge?

- Is there swelling?
- Is it itching?
- Are there problems with hearing and talking?

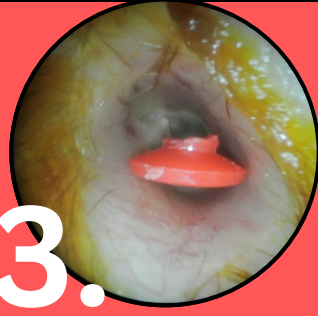
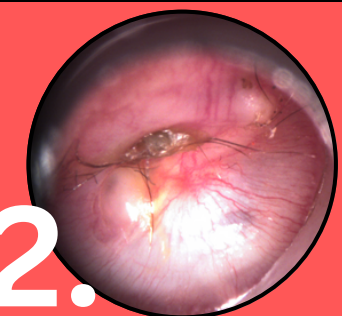
OTOSCOPY: Examine EVERY ear of EVERY child at EVERY opportunity



STEP 1 Check the outside of the ear.
STEP 2 Perform Otoscopy.
For detailed instructions see page 249-250 of The Clinical Procedures Manual
STEP 3 If no red flags, use flowchart below to aid diagnosis.

RED FLAGS = URGENT MEDICAL CONSULT

1. Severe pain and swelling behind ear (**Acute Mastoiditis**)
2. Perforation in top of ear drum (**Attic Cholesteatoma**)
3. Foreign body in ear and fever/unwell/infected grommets.
4. Babies less than two months old with an ear problem.



IS THERE DISCHARGE IN OR NEXT TO THE CANAL?

NO

YES

Ear canal sore, swollen, itchy, debris and/or pain on moving the outer ear?

Discharge for two weeks or more?

NO

YES

NO/UNKNOWN

Ear drum mobile when tested with tympanometry?

CHECK HISTORY: Has the patient had 3 episodes of acute otitis media in last 6 months or 4 episodes in last 12 months?

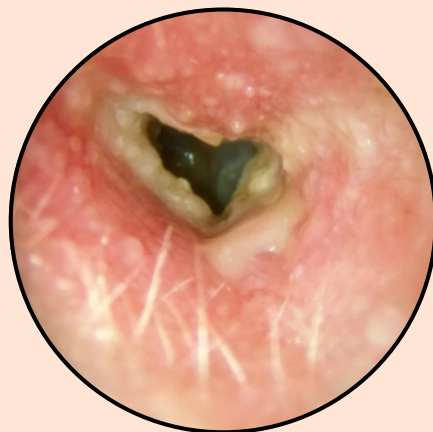
Resolved @ 7 days?

NORMAL EARDRUM

- Ear drum could be:
- Shiny and clear
 - Have scarring/healed perforations
 - Appear opaque and dull.
- Advise regular ear check-ups.**

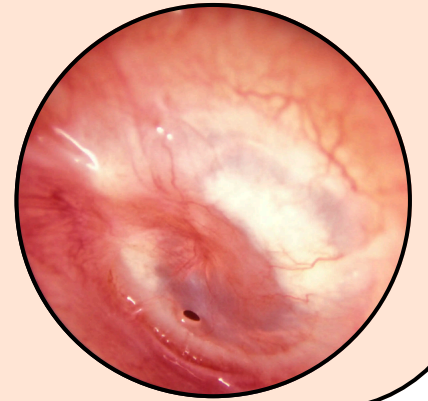
OTITIS EXTERNA

Treat as per page 403.
Check if there is a hole in the eardrum as it could be middle ear disease.



ACUTE OTITIS MEDIA with PERFORATION

Treat as per page 400.
Review @ 7 Days
ONWARD REFERRAL AS PER CARPA

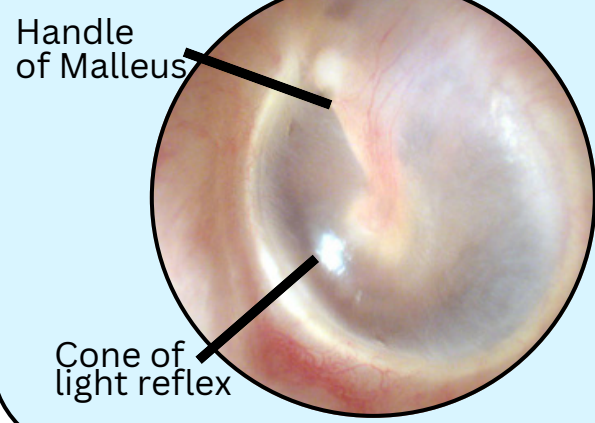


Resolved @ 7 days?

Complete treatment and review 1 month

Change treatment & review as per CARPA page 400.

Resolved after 7 days?



CHECK HISTORY: Has the patient had 3 episodes of acute otitis media in last 6 months or 4 episodes in last 12 months?

YES

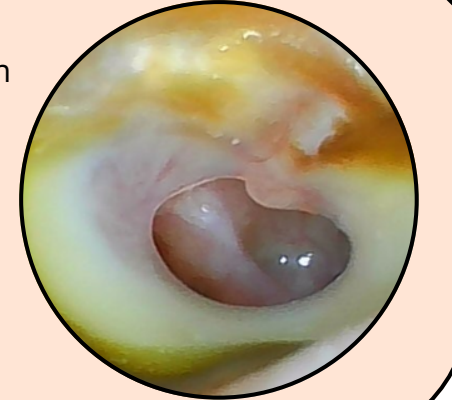
RECURRENT ACUTE OTITIS MEDIA

- Treat as per page 401.
- **MEDICAL CONSULT**
 - **ONWARD REFERRAL AS PER CARPA**

CHRONIC SUPPURATIVE OTITIS MEDIA

Treat as per page 401.
If you can't see a perforation on the drum – do not use drops.

- REVIEW WEEKLY UNTIL THE EAR IS DRY
- ONWARD REFERRAL AS PER CARPA



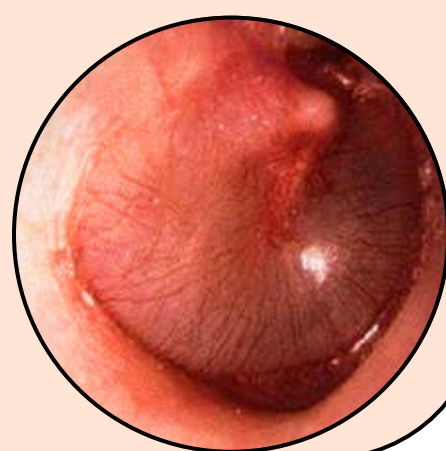
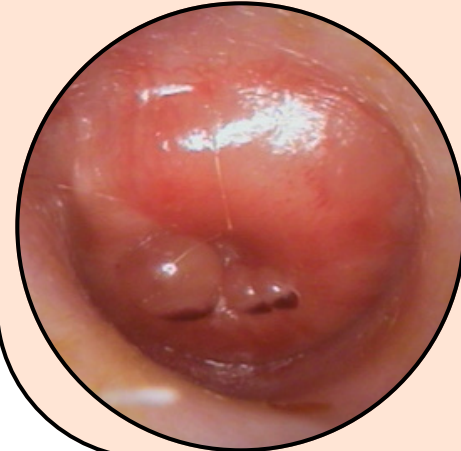
Bulging ear drum?

NO

NO

ACUTE OTITIS MEDIA without PERFORATION

- Treat as per page 399.
- **FIRST REVIEW @ 7 DAYS**- if resolved review 4 weeks. If unresolved, review treatment and recall for a further 7 days.
 - **SECOND REVIEW @ 14 DAYS**- if resolved review 4 weeks. If unresolved, review treatment and recall for a further 7 days.
 - **THIRD REVIEW @ 21 DAYS**- if resolved review 4 weeks. If unresolved **MEDICAL CONSULT**.

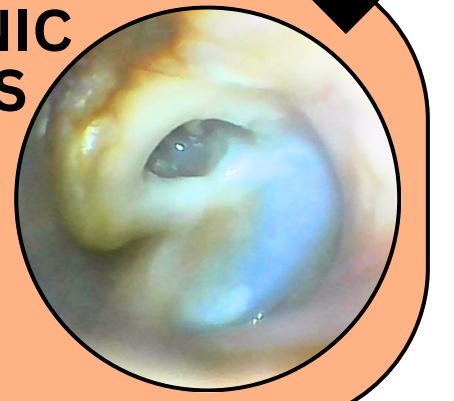


DRY EAR

CSOM PRESENT AFTER 4 MONTHS

PERSISTENT CHRONIC SUPPURATIVE OTITIS MEDIA

- Treat as per page 402.
- **MEDICAL CONSULT**
 - **ONWARD REFERRAL AS PER CARPA**



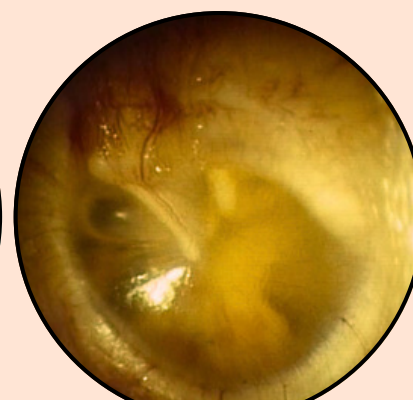
OTITIS MEDIA WITH EFFUSION

SEE PAGE 402
REVIEW @ 3 MONTHS

STILL PRESENT @ 3 MONTH REVIEW?

PERSISTENT OTITIS MEDIA WITH EFFUSION

SEE PAGE 402 **MEDICAL CONSULT** ONWARD REFERRAL AS PER CARPA



If there are hearing concerns, advise communication strategies:

- Speak simply, loudly and clearly.
- Get their attention first, then speak.
- Make sure they can see your face.
- Make use of non-speaking cues like pointing or gesture.

Ear Disease is commonly associated with hearing loss.

It is important to treat ear problems AND manage disability related to hearing loss

ASK ABOUT HEARING, SPEECH & LANGUAGE! Make onward referrals as per CARPA as necessary