**Exclusion from transport to General Practice**

- Extreme redness and swelling of outer ear
- Systemically unwell
- Observations:
  - Temperature >38° or <36°
  - Heart rate >90bpm
  - Respiratory rate >24bpm
  - Blood Pressure <100mmHg Systolic.

**Management**

- Analgesia as required.

---

**General Practice**

**Assessment**

- Elderly patients may not have observations typical of sepsis.

1. Continually assess observations
2. Determine cause (injury)
3. Determine environmental contribution (fresh or sea water)
4. Check patency of the auditory canal and integrity of the tympanic membrane
5. Review comorbidities and medications.

**Management**

- Suspected malignant otitis externa or mastoiditis is for direct admission to Emergency Department
- Inability to clear material from auditory canal is for direct admission to Emergency Department.
First line treatment:
- Consider appropriate analgesia +/- NSAID
- Mild otitis externa (no peri-auricular erythema/cellulitis):
  - Patent canal and tympanic membrane visualized/intact
  - Otodex/Sofradex 2 to 3 drops QID TOPICAL; or,
  - Ciprofloxacin 3 drops BD TOPICAL
  - Occluded canal
    - Insert wick and soak with either of the above medications
- Otitis Externa (with peri-auricular erythema/cellulitis):
  - For direct admission to Emergency Department
- Review in clinic in 48 hours.

Failure to respond to antibiotics at 48 hours:
- Reconsider environmental factors and alter treatment accordingly
- If the auditory canal is unable to be cleared (via suctioning), for direct admission to Emergency Department
- Review with usual G.P. in 1 week.

Escalation triggers

Refer to the Emergency Department

If the patient has any of the following, please call the Infectious Diseases Registrar (5470 6600) prior to referral to the Emergency Department:

- Presence of sepsis
- Suspected malignant otitis externa or mastoiditis
- Failure of oral therapies at 48 hours
- Inability to clear material from auditory canal
- Worsening pain requiring intramuscular analgesics
- Any other serious clinical concerns not already listed.

Disclaimer:
This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.