

Otitis Externa Acute – Level II

OTITIS EXTERNA – ACUTE

Level II
(No Level I)

Skill Level: RN

Definition: Inflammation of the auricle and external auditory canal. May be acute or chronic.

MODERATE	
<p>Subjective:</p> <ul style="list-style-type: none">• History of one or more:<ul style="list-style-type: none">○ Insertion of foreign object, such as fingers, cotton swab or toilet paper into ear canal.○ Potential exposure to irritants; dust, hair products.○ Regular use of earplugs, earphones.• Complaints of pain or itching.• Diminished hearing.• Drainage on pillow	<p>Assessment:</p> <ul style="list-style-type: none">• Alteration in:<ul style="list-style-type: none">○ comfort: ear pain○ skin integrity; ear canal, auricle○ hearing acuity
<p>Objective:</p> <ul style="list-style-type: none">• Afebrile.• Nodes: Pre-auricular and post-auricular may be enlarged.• Ear: Pain with clenching teeth, opening mouth or chewing.• Edema and erythema of external auditory canal.• Tympanic membrane appears normal or mildly red if seen.• Exudate/pus may be seen in the canal and/or outer ear and may have foul odor.• May have swollen external ear canal (sometimes to the point of complete closure).• Redness, swelling, drainage, or warmth in region of ear and surrounding tissues.• Throat light pink, no swelling or exudates.	<p>Plan:</p> <p>Patient education handout regarding use of medication from the housing units.</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Check for allergies to medications.• Irrigate ear canal to remove debris if needed. Dry as able.• Apply warm compresses for comfort.• Otcort ear drops 4-6 TID x 10 days (may wick as needed).• If cellulitis extends beyond the ear canal onto the ear or face, contact the medical provider.• Instruct patient to return to clinic in 5 days if no improvement and in 10 days if not resolved.

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Nursing Education:

1. Mild redness and/or inflammation of external ear canal is a normal variant and does not require treatment with antibiotics.
2. Severe chronic otitis externa may reflect underlying Diabetes Mellitus, hypothyroidism, nephritis or impaired immune function.

Patient Teaching:

1. Disease course and expected outcome: Hearing loss may continue during course of treatment. Symptoms should abate within two weeks. Condition may become recurrent with repeated exposure to causative irritant, noncompliance with treatment regimen, or ineffective medication insertion techniques.
2. Prevention: Teach all patients that ears are self-cleansing and it is important to avoid inserting anything into canal. Suspected excessive cerumen should be evaluated by a health professional. Instruct in proper drying of ears after bathing, and how to avoid getting water into the ear canals.
3. Keep hair clean.
4. Educate regarding the problems with prolonged use of earplugs, earphones and hearing aids.

APPROVED:

Health Services Manager

Date

Chief Medical Officer

Date

Steve Smith MD

Medical Director

1/12/09

Date

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