



Objectives: Earache

1. Make the diagnosis of otitis media only after good visualization of the eardrum (e.g. wax removal) and when sufficient changes are present in the eardrum, such as bulging or distorted light reflex.
2. Include pain referred from other sources in the differential diagnosis of earache (e.g. tooth abscess, trigeminal neuralgia, TMJ dysfunction, pharyngitis etc...)
3. Consider serious causes in the differential diagnosis of an earache (e.g. tumours, temporal arteritis, mastoiditis).
4. In the treatment of otitis media, explore the possibility of not giving antibiotics, thereby limiting their use (e.g. through proper patient selection and patient education because most otitis media is of viral origin) and by ensuring good follow-up.
5. Make rational drug choices when selecting antibiotic therapy for the treatment of otitis media (e.g. use first line agents unless given a specific indication not to do so)
6. In patients with earache, especially with otitis media, recommend appropriate analgesia
7. Test children with recurrent ear infections for hearing loss and refer, if indicated, for tympanostomy.

** Mapped to the CFPC's 105 priority topics: #34-Earache