

## OTITIS MEDIA

### Level II

**Skill Level:** RN

**Definition:** Inflammation of the middle ear, usually viral, sometimes due to bacterial infection. Accumulation of fluid (sometimes pus) within the middle ear cavity. Sometimes adults need treatment with antibiotics for this condition but this is rarely the case.

<b>MILD</b>	
<p><b>Subjective:</b></p> <ul style="list-style-type: none"> <li>• Ear pain may be absent to intense.</li> <li>• Diminished hearing in affected ear(s).</li> <li>• Sensation of fullness in ear.</li> <li>• History of one or more:               <ul style="list-style-type: none"> <li>-recent exposure to allergen.</li> <li>-upper respiratory infection for 3-5 days.</li> </ul> </li> </ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Alteration in:               <ul style="list-style-type: none"> <li>-comfort</li> <li>-hearing acuity</li> </ul> </li> <li>• Potential for alteration in skin integrity:               <ul style="list-style-type: none"> <li>-purulent drainage</li> </ul> </li> </ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Vital signs: Sometimes fever is over 101 F.</li> <li>• Abnormal findings may be present (see photos). Tympanic membrane red, bulging.</li> <li>• Sometimes can see fluid behind the eardrum.</li> <li>• Decreased hearing on affected side.</li> <li>• Throat light pink, no swelling or exudates.</li> <li>• May have vertigo, nausea, nystagmus, lethargy.</li> <li>• An eardrum perforation may be present.</li> <li>• Sometimes earache can come from referred pain from throat, tonsils, teeth, mouth, etc.</li> </ul>	<p><b>Plan:</b></p> <p><b>Patient education handout regarding use of medication from the housing units.</b></p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"> <li>• Generally, antibiotics are to be avoided.</li> <li>• If patient has a red eardrum with fever, consider antibiotic treatment.</li> <li>• If fever 101 degrees or greater and otitis media findings on ear exam, start antibiotics:               <ul style="list-style-type: none"> <li>-Amoxicillin 500 mg TID x 10 days. OR</li> <li>-Septra DS 1 tab BID x 10 days if Penicillin allergic.</li> </ul> </li> <li>• Instruct patient to return to clinic in two days for recheck. Consider referral to practitioner if not improving.</li> <li>• If patient is improving, refer to practitioner in 14 days if antibiotics were given or if the tympanic membrane is ruptured.</li> </ul>

**OTITIS MEDIA – ACUTE – Level II**

**Nursing Education:**

1. Redness/inflammation of TM is frequently a normal variant and does not require treatment with antibiotics.
2. Acute otitis media, may possibly rupture the tympanic membrane (eardrum). Usually this heals uneventfully.
3. Meningitis and mastoiditis are rare complications of acute bacterial otitis media.
4. Look into causes other than the ear if you don't find an acute ear infection. Anything from the neck up can cause ear pain.
5. Acute unilateral bacterial otitis media can be caused by a tumor in the throat. Since this condition is relatively rare in adults, get a practitioner followup if your patient has fever and a red eardrum.

**Patient Teaching:**

Otitis Media is similar to viral illness since many ear infections are mild and start with a viral Upper Respiratory Infection. Antibiotics are usually to be avoided.

1. Hydration: Increase fluid intake to 3000 ml per day; may include juices, soups.
2. Medications: Use over the counter pain relievers from the unit. Antihistamines and decongestants are unproven.
3. The condition is not contagious.
3. Disease course and expected outcome: Explain to client that symptoms usually begin to subside within a few days. A sense of fullness in ear, or decreased hearing may persist for several weeks. Instruct patient about expectations.


**APPROVED:**

\_\_\_\_\_  
Health Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

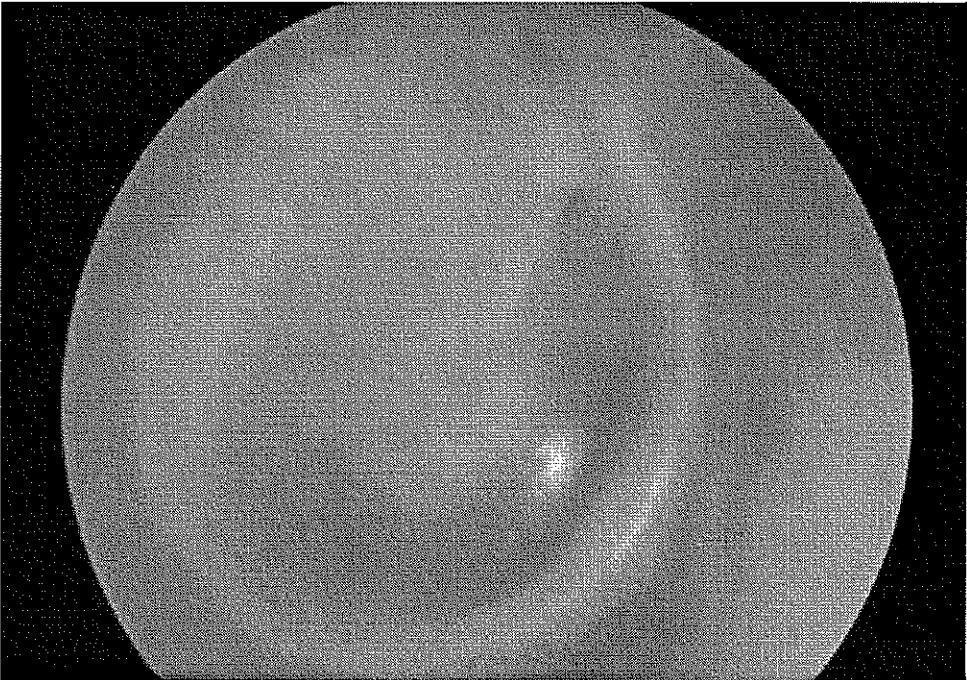
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Medical Director

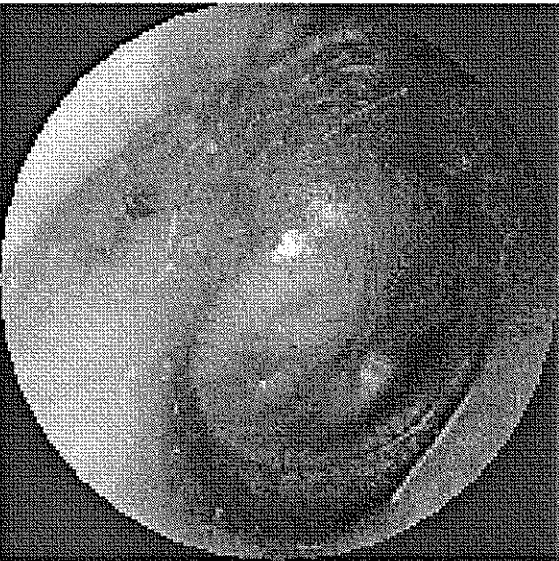
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Effective 1/09  
Rev: December 2008

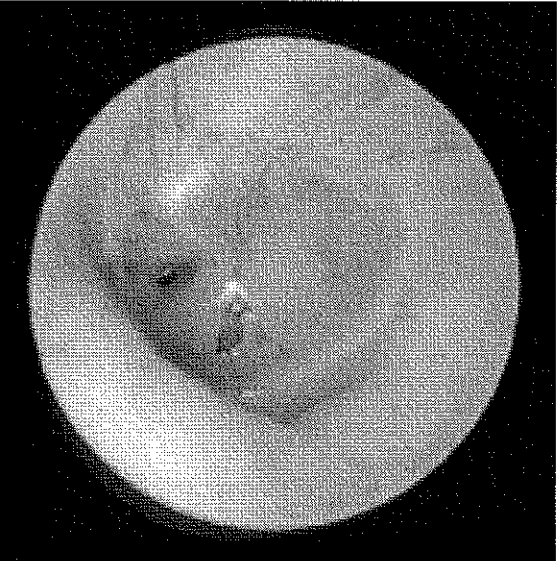
OTITIS MEDIA – ACUTE – Level II



NORMAL



INFECTION—Acute Otitis Media  
(Note redness, bulging and loss of  
“landmarks”).



Fluid behind the eardrum with eardrum perforation.  
(Note diffuse cloudiness and perforation near  
the center of the picture.)