RHH Ear Nose & Throat Clinic

Otalgia

Primary Care Management Guidelines for GPs

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local audiologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

Primary care management

Management	Rationale / Detail
Note history of otological signs and symptoms in addition to otalgia. These may include hearing loss, otorrhoea, vertigo, tinnitus, ear canal oedema, inflamed tympanic membrane, middle ear effusion, or tender inflamed mastoid process. Following diagnostic evaluation, manage appropriately for suggestive condition e.g. acute otitis media, acute otitis externa.	Presence of associated otological symptoms and signs suggests higher likelihood of otological aetiology. The majority of these may be managed in the primary care setting
No co-existent otological signs and symptoms. • Associated with hoarseness, dysphagia, odynophagia, weight loss, appetite loss. If symptoms persistent beyond 2 weeks – refer • Associated with tooth ache, percussion tenderness, and dental caries – arrange dental review • Associated with acute ENT conditions e.g. acute tonsillitis, sinusitis – manage primary acute condition • Associated with cervical arthritic change – arrange orthopaedic / physiotherapy review • Associated with temporo-mandibular joint (TMJ) tenderness, crepitus on movement – arrange dental/maxilla-facial review to exclude TMJ dysfunction	This may suggest otalgia referred from alternate site. If otalgia suggestive of referred aetiology but persists despite management by other specialties, arrange to ENT review to exclude co-existing occult head pathology.

When to refer to the RHH

- Refer if unilateral otalgia persisting beyond 2 weeks especially if present in at risk groups of high alcohol intake and smokers. The primary concern is to identify pathology that is occult e.g. tongue base/pharynx/oropharynx –CATM laryngeal malignancy
- If associated with cranial nerve signs, refer to RHH Department of Emergency Medicine (DEM)
- If otalgia suggestive of referred aetiology but persists despite management by other specialties, refer to exclude co-existing occult head pathology

Information to include on the referral letter

- History of present complaint, associated symptoms and risk factors
- Examination
- Impact of symptoms
- Treatment to date

Acknowledgement to the Royal Victorian Eye & Ear Hospital Primary Care Referral Guidelines

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