ENT  Aural Discharge Patient Pathway (Adults)  

Patient Presentation
Aural discharge: green / yellow fluid 
Emanating from the ear canal

GP

Does the patient have symptoms of otitis externa; pain with tenderness, itch, non mucoid discharge ?

Yes

If severe pain, redness and swelling, canal occluded

No

Is it Acute Otitis Media?

Yes

Cleanse the ear canal using electric syringing/irrigation if available (see below)
Use topical treatment, antibiotic and steroid drops.
Give general advice e.g. do not poke/rub ears, do not let water, shampoo or soap into ears, no cotton buds and if hearing aid user, leave the hearing aid out. If mild cellulitis consider oral antibiotics

No

Is it Chronic Suppurative Otitis Media? i.e. persistent mucoid offensive discharge usually with hearing loss with or without dizziness

Yes

Repeat cleansing.
Take swab for culture and sensitivity.
Re-inforce general advice
Repeat antibiotics/steroid drops according to sensitivities
Topical antifungal treatment may be required

No

If symptoms do not clear

ENT/ Specialist nurse
Send to ENT who usually refer to Specialist Nurse
Consider referral to ENT on call if significant cellulitis

ENT Surgeon

Refer to secondary care ensuring the following criteria are recorded; treatments tried, duration and response and the results of any swabs

November 2012

Gentle ear syringing is the gentlest and most thorough way of removing debris and is safe if the usual precautions for ear syringing are followed. Syringing is supported and performed by the ENT department in GG&C. Mopping is an alternative. Giving treatment without removing debris (if present) is of little value. As with ALL treatments including medical treatments and doing nothing, the benefits and risks should be discussed with the patient