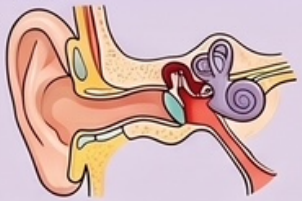
Pharmacy First: Acute Otitis Media (AOM) Assessment & Management

Acute Otitis Media is usually self-limiting and does not routinely require antibiotics
This pathway supports structured assessment, appropriate self-care management, and accurate consultation recording to ensure safe clinical decisions and correct claiming.

CLINICAL ASSESSMENT & GATEWAY CRITERIA

Acute Otitis Media (AOM)
(children aged 1–17 years)



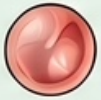
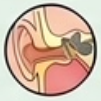
Acute inflammation of the middle ear. Usually viral and self-limiting.

Assessment & Otoscopy

Otoscopy is essential to confirm AOM. Clinical assessment—not symptoms alone—determines outcome.

Assess and Decide: AOM Likely or Refer

AOM Likely When

- ☑  Acute onset ear pain, fever, or irritability
- ☑  Bulging or inflamed tympanic membrane
- ☑  Middle ear effusion

Red Flags (Refer)

- ☐  Mastoiditis (post-auricular swelling)
- ☐  Facial nerve weakness
- ☐  Severe systemic illness, meningitis, or sepsis

OUTCOMES, SELF-CARE & RECORDING

Typical Outcomes & Self-Care

Self-care is first-line for most cases; analgesia, watchful waiting, and safety-netting are key

Record the Consultation Clearly

Assessment findings, outcome, and safety-netting must be recorded for claiming.

Clinical Action | Specific Requirement

- Assess appropriately (including otoscopy)
- Provide self-care and safety-netting
- Record the consultation

Advice-Only is a Valid Outcome

Advice-only management is appropriate when supported by clinical assessment and recording
Not all cases require antibiotics; consultations remain claimable when recorded appropriately.

Community Pharmacy BLMK & Northants