Earache pathway for NHS 111 clinicians remote assessment





Clinical support tool for remote clinical assessment by NHS 111 clinicians

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	 Normal colour or skin, lips and tongue Responds normally to social cues Content/smiles Stays awake or wakens quickly Strong normal cry / not crying 	Pallor Reduced response to social cues Wakes only after prolonged stimulation	Blue or grey colour Unable to rouse or if roused does not stay awake Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	None of amber or red symptoms	 RR 50-60 breaths/min if aged <12 months RR >40 breaths/min if age ≥12 months Mild/moderate respiratory distress 	Grunting Severe tachypnoea: RR > 60 breaths/min Severe respiratory distress
Circulation / hydration	None of amber or red symptoms	Cold hands and feet in absence of fever Reduced urine output Not tolerating fluids	
Other	None of amber or red symptoms year and over with no amber/red features and no pus discharging from ear – antibiotics not beneficial beneficial	 Pus discharging from ear Child under 2 years with unilateral earache and symptom score of >8 (0=no symptoms; 1=a little; 2=a lot) for the following criteria: a) fever (>39 degrees = score of 2) b) tugging ears c) crying more d) irritability e) difficulty sleeping f) less playful g) eating less – these children are likely to benefit from antibiotics Child under 2 years with bilat earache Swelling or redness behind the ear Dizziness or losing their balance Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection Fever for ≥ 5 days Additional parental/carer support required Lower threshold for face to face review if significant chronic co-morbidities 	 Age 0-3 months with temp ≥38° (100.4°F) Meningism (severe headache, neck stiffness, photophobia, irritability) Seizure



Provide <u>earache safety netting sheet</u>
Confirm they are comfortable with the decisions/
advice given.

Always consider safeguarding issues.

Amber Action

Refer to primary care service for review

Red Action

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.