

## Chapter 12 Ear Nose and Oropharynx

### Contents





[12.1 Drugs acting on the ear](#)

[12.2 Drugs acting on the nose](#)

[12.3 Drugs acting on the oropharynx](#)

[For cost information please go to the most recent cost comparison charts](#)

### Key

	<b>Red drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
	<b>Amber drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
	<b>Green drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
<b>U</b>	If a medicine is unlicensed this should be highlighted in the template as follows  <b>Drug name U</b>
	<b>Not Recommended</b>
<b>OTC</b>	<b>Over the Counter</b>
<b>Order of Drug Choice</b>	Where there is no preferred 1 <sup>st</sup> line agent provided, the drug choice appears in alphabetical order.

<b>BNF chapter</b>	<b>12 Ear, Nose and Oropharynx</b>	
<b>Section</b>	<b>12.1 Drugs Acting on the Ear</b>	
<b>Subsection</b>	<b>12.1.1 Otitis Externa (Anti-inflammatory)</b>	
<b>First choice</b>	Betamethasone Eye/Ear/Nose drops 0.1% (steroid only) Gentisone HC <sup>®</sup> Ear drops (with antibiotic)	
<b>Alternatives</b>	Otomize <sup>®</sup> Spray	
	Locorten-Vioform <sup>®</sup> Ear Drops	
	Betamethasone 0.1% with Neomycin 0.5% Ear drops	
<b>Additional notes</b>		
<p>Prolonged use of topical corticosteroids should be avoided, Use of &gt;5ml of betamethasone per week may need additional systemic monitoring</p> <p><b>Treatment advice</b>  <b>How should I treat acute diffuse otitis externa? (based on CKS)</b></p> <ul style="list-style-type: none"> <li>Remove or treat any precipitating or aggravating factors.</li> <li>Prescribe or recommend an analgesic for symptomatic relief. <ul style="list-style-type: none"> <li>paracetamol or ibuprofen is usually sufficient. Codeine can provide additional analgesia for severe pain.</li> </ul> </li> <li>Prescribe a topical ear preparation for 7 days. Options include preparations containing: <ul style="list-style-type: none"> <li>both a non-aminoglycoside antibiotic and a corticosteroid e.g. flumetasone – clioquinol (Locorten-Vioform<sup>®</sup>) ear drops.</li> <li>both an aminoglycoside antibiotic and a corticosteroid</li> <li>topical preparations containing an aminoglycoside are contraindicated if the tympanic membrane is perforated; however many specialists do use these drops cautiously in the presence of a perforation.</li> </ul> </li> <li>If there is sufficient earwax or debris to obstruct topical medication, consider cleaning the external auditory canal (may require referral).</li> <li>If there is extensive swelling of the auditory canal, consider inserting an ear wick (may require referral).</li> <li>Provide appropriate self-care advice including advice on preventing water getting into the ears when bathing.</li> </ul>		
<b>Subsection</b>	<b>12.1.1 Otitis Externa (Anti-Infective)</b>	
<b>First choice</b>	Locorten-Vioform <sup>®</sup> Ear Drops	
<b>Alternative</b>	Clotrimazole Solution 1% (antifungal) <b>OTC</b>	
	Betamethasone 0.1% with Neomycin 0.5% Ear Drops	
<b>Additional notes</b>		
<p><b>Treatment advice</b>  Ear Swabs for culture should be reserved for treatment failures or chronic cases. The anti-infective product (clioquinol) in locorten-vioform is considered a reasonable first choice as it is not used systemically and resistance is growing to topical aminoglycoside preparations.</p>		

<p>Topical aminoglycoside antibiotics are contra-indicated in patients with tympanic perforation; however many specialists do use these drops cautiously in the presence of a perforation</p> <p>Note also a proprietary preparation containing acetic acid 2% ('Earcalm' spray) is available over the counter and may be considered for mild otitis externa.</p>		
<b>Subsection</b>	<b>12.1.2 Otitis Media</b>	
<b>First choice</b>	Simple analgesia <b>OTC</b>	
<b>Alternatives</b>	<p>If systemic features occur an antibiotic may be indicated.</p> <p>Refer to local antibiotic guidelines</p>	
<b>Additional Notes</b>		
<p>Topical treatment is ineffective and there is no place for drops containing a local anaesthetic.</p>		
<b>Subsection</b>	<b>12.1.3 Removal of Ear Wax</b>	
<b>First choice</b>	Olive Oil Ear Drops <b>OTC</b>	
<b>Alternatives</b>	Sodium Bicarbonate 5% Ear Drops <b>OTC</b>	
<b>Additional Notes</b>		
<p>Preparations for the removal of ear wax may be bought over the counter and olive oil is considered the most suitable as other proprietary products may cause irritation.</p>		
<b>Treatment advice</b>		
<b>When should earwax be removed? (based on CKS)</b>		
<ul style="list-style-type: none"> <li>• If earwax is totally occluding the ear canal and any of the following are present: <ul style="list-style-type: none"> <li>- hearing loss</li> <li>- earache</li> <li>- tinnitus</li> <li>- vertigo</li> </ul> </li> <li>• If the tympanic membrane is obscured by wax but must be viewed to establish a diagnosis.</li> <li>• If the person wears a hearing aid, wax is present and an impression needs to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle.</li> </ul>		
<b>How should earwax be removed? (based on CKS)</b>		
<ul style="list-style-type: none"> <li>• Recommend or prescribe ear drops (eg Olive Oil) for up to 3 weeks to soften wax and aid removal. Sodium Bicarbonate 5% is an alternative but is more likely to cause irritation. <ul style="list-style-type: none"> <li>- do not prescribe drops if you suspect the person has a perforated tympanic membrane.</li> </ul> </li> <li>• If symptoms persist, consider ear irrigation, providing that there are no contraindications.</li> <li>• If irrigation is unsuccessful, there are three options: <ul style="list-style-type: none"> <li>- advise the person to use ear drops for a further 3-5 days and then return for further irrigation.</li> <li>- instil water into the ear. After 15 minutes irrigate the ear again.</li> <li>- refer to an Ear Nose and Throat specialist for removal of wax.</li> </ul> </li> <li>• Advise anyone who has had earwax removed to return if they develop otalgia, or significant itching of the ear, discharge from the ear or swelling of the external auditory meatus, as this may indicate infection.</li> </ul>		

<b>BNF chapter</b>	<b>12 Ear, Nose and Oropharynx</b>	
<b>Section</b>	<b>12.2 Drugs Acting on the Nose</b>	
<b>Subsection</b>	<b>12.2.1 Drugs used in Nasal Allergy</b>	
<b>First choice in adults &gt;16 years old</b>	<p>Beclometasone Nasal Spray</p> <p>200 dose pack to be prescribed in Primary care as more cost effective</p> <p>Smaller pack size available <b>OTC</b></p>	
<b>First choice in children &lt;16 years old</b>	<p>Mometasone Furoate Nasal Spray 50micrograms/dose</p> <p>Fluticasone Furoate Nasal Spray 27.5 mcg/metered spray</p>	
<b>Alternatives</b>	<p>Mometasone Furoate Nasal Spray 50micrograms/dose</p> <p>Fluticasone Furoate Nasal Spray 27.5 mcg/metered spray</p>	
	<p>Betamethasone Sodium Phosphate Nose Drops 0.1%</p>	
<b>Alternative option when a combination product is required</b>	<p>Fluticasone propionate 50 micrograms, azelastine hydrochloride 137 micrograms/metered nasal spray</p> <p>This agent should be reserved for those patients aged 12 years and over, where an intranasal antihistamine and a glucocorticoid are required which would otherwise be individually prescribed (see NTS recommendation)</p>	<p><a href="#">NTS recommendation: Fluticasone/azelastine combination spray</a></p>
<b>Additional notes</b>		
<p>Beclometasone Nasal spray should not be used as first line in children (4-16 years).</p> <p>Nasal sprays should ideally be commenced 2-3 weeks before the hayfever season and may have to continue for several months (see BNF notes).</p>		
<b>Subsection</b>	<b>12.2.2 Topical Nasal Decongestants</b>	
<b>First choice</b>	<p>Xylometazoline Nasal Drops 0.1% Adult <b>OTC</b></p> <p>Ephedrine Nasal Drops ( 0.5% or 1%) - over 12 years only <b>OTC</b></p>	
<b>Alternatives</b>	<p>Sodium Chloride Nasal Drops 0.9% <b>OTC</b></p>	
	<p>Ipratropium Bromide 0.03% Nasal Spray (for non allergic Rhinitis)</p>	
<b>Additional notes</b>		
<p>Xylometazoline is only suitable for short term use (for acute sinusitis - up to 7 days), to avoid the development of tolerance and rebound congestion associated with overuse.</p> <p>Steam inhalation may be beneficial and may be more attractive to use if given an aromatic odour (with menthol and eucalyptus).</p>		

<b>Subsection</b>	<b>12.2.3 Nasal Preparations for Infection</b>	
<b>First choice</b>	Naseptin® Cream	
<b>Alternatives</b>		
<b>Additional Notes</b>		
Mupirocin (Bactroban) should be kept in reserve for MRSA only to avoid resistance developing.		

<b>BNF Chapter</b>	<b>12 Ear, Nose and Oropharynx</b>	
<b>Section</b>	<b>12.3 Drugs Acting on the Oropharynx</b>	
<b>Subsection</b>	<b>12.3.1 Drugs for Oral Ulceration and Inflammation</b>	
<b>First choice</b>	Benzydamine Hydrochloride Oral Rinse 0.15% <b>OTC</b> Benzydamine Spray 0.15% <b>OTC</b>	
<b>Alternatives</b>	Hydrocortisone Pellets 2.5mg <b>OTC</b>	
<b>Additional notes</b>		
Choline Salicylate Dental Gel 8.7% may also be advised for purchase over the counter (over 16 years only). Salt mouthwashes may also be advised.		
<b>Subsection</b>	<b>12.3.2 Oropharyngeal anti-infective Drugs</b>	
<b>First choice</b>	Miconazole Oral Gel 24mg/ml	<a href="#">MHRA DSU (June 2016): Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin</a> <a href="#">MHRA DSU: Miconazole (Daktarin): over-the-counter oral gel contraindicated in patients taking warfarin, Sep 2017</a>
<b>Alternatives</b>	Nystatin Oral Suspension 100,000 units per ml.	
<b>Additional notes</b>		
Continue for 48 hours after lesions have healed		
<b>Subsection</b>	<b>12.3.3 Lozenges and sprays</b>	
<b>First choice</b>	No entry-no convincing evidence of beneficial action and may have unwanted effects	
<b>Subsection</b>	<b>12.3.4 Mouthwashes, Gargles &amp; Dentifrices</b>	
<b>First choice</b>	Chlorhexidine Gluconate Mouthwash 0.2% <b>OTC</b>	
<b>Subsection</b>	<b>12.3.5 Treatment of Dry Mouth (ACBS rules apply)</b>	
<b>First choice</b>	Glandosane® Aerosol Spray <b>OTC</b>	
<b>Alternatives</b>	AS Saliva Orthana® <b>OTC</b>	

	Xerotin® (100ml pack size and 14 day in use life) Suitable for intensive users <b>OTC</b>
--	---

**Additional notes**

When treating dry mouth it may be worthwhile to first consider simple measures such as frequent sips of cool drinks, sucking pieces of ice or sugar free pastilles.

ACBS guidelines to treat dry mouth as a result of receiving or having undergone radiotherapy / chemotherapy or Sicca syndrome. Glandosane is acidic and may hasten demineralisation of teeth used long term or intensively.