

Chapter 12 Ear Nose and Oropharynx

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Key

	<p>Red drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>Amber drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>Green drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
U	<p>If a medicine is unlicensed this should be highlighted in the template as follows Drug name U</p>
	<p>Not Recommended</p>
OTC	<p>Over the Counter In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</p>
Order of Drug Choice	<p>Where there is no preferred 1st line agent provided, the drug choice appears in alphabetical order.</p>

BNF chapter	12 Ear, Nose and Oropharynx	
Section	12.1 Drugs Acting on the Ear	
Subsection	12.1.1 Otitis Externa (Anti-inflammatory)	
First choice	Betamethasone Eye/Ear/Nose drops 0.1% (steroid only) Gentisone HC [®] Ear drops (with antibiotic)	
Alternatives	Otomize[®] Spray	
	Locorten-Vioform[®] Ear Drops	
	Betamethasone 0.1% with Neomycin 0.5% Ear drops	
<p>Additional notes Prolonged use of topical corticosteroids should be avoided, Use of >5ml of betamethasone per week may need additional systemic monitoring</p> <p>Treatment advice How should I treat acute diffuse otitis externa? (based on CKS)</p> <ul style="list-style-type: none"> Remove or treat any precipitating or aggravating factors. Prescribe or recommend an analgesic for symptomatic relief. <ul style="list-style-type: none"> paracetamol or ibuprofen is usually sufficient. Codeine can provide additional analgesia for severe pain. Prescribe a topical ear preparation for 7 days. Options include preparations containing: <ul style="list-style-type: none"> both a non-aminoglycoside antibiotic and a corticosteroid e.g. flumetasone – clioquinol (Locorten-Vioform[®]) ear drops. both an aminoglycoside antibiotic and a corticosteroid 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. If there is sufficient earwax or debris to obstruct topical medication, consider cleaning the external auditory canal (may require referral). If there is extensive swelling of the auditory canal, consider inserting an ear wick (may require referral). Provide appropriate self-care advice including advice on preventing water getting into the ears when bathing. 		
Subsection	12.1.1 Otitis Externa (Anti-Infective)	
First choice	Locorten-Vioform[®] Ear Drops	
Alternative	Clotrimazole Solution 1% (antifungal) OTC	
	Betamethasone 0.1% with Neomycin 0.5% Ear Drops	
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Ciprofloxacin 2 mg/ml ear drops (Cetraxal [®]) For use only in cases of proven <i>Pseudomonas</i> otitis externa	 Criterion 3 (see RAG list)

Additional notes

Treatment advice

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.

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

Note also a proprietary preparation containing acetic acid 2% ('Earcalm' spray) is available over the counter and may be considered for mild otitis externa.

Subsection	12.1.2 Otitis Media	
First choice	Simple analgesia OTC	
Alternatives	If systemic features occur an antibiotic may be indicated. Refer to local antibiotic guidelines	

Additional Notes

Topical treatment is ineffective and there is no place for drops containing a local anaesthetic.

Subsection	12.1.3 Removal of Ear Wax	
Do Not Prescribe	Ear wax Olive oil, sodium bicarbonate ear drops. Includes prior to syringing.	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .

Additional Notes

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.

Treatment advice

When should earwax be removed? (based on CKS)


- If earwax is totally occluding the ear canal and any of the following are present:
 - hearing loss
 - earache
 - tinnitus
 - vertigo
- If the tympanic membrane is obscured by wax but must be viewed to establish a diagnosis.
- 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.

How should earwax be removed? (based on CKS)

- 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.
 - do not prescribe drops if you suspect the person has a perforated tympanic membrane.
- If symptoms persist, consider ear irrigation, providing that there are no contraindications.
- If irrigation is unsuccessful, there are three options:
 - advise the person to use ear drops for a further 3-5 days and then return for further irrigation.
 - instil water into the ear. After 15 minutes irrigate the ear again.
 - refer to an Ear Nose and Throat specialist for removal of wax.
- 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.

BNF chapter	12 Ear, Nose and Oropharynx	
Section	12.2 Drugs Acting on the Nose	
Subsection	12.2.1 Drugs used in Nasal Allergy	
First choice in adults >16 years old	<p>Beclometasone</p> <p>Nasal spray, 50 micrograms/dose</p> <p>200 dose pack to be prescribed in Primary care as more cost effective</p> <p>Smaller pack size available OTC</p>	
First choice in children <16 years old	<p>Mometasone furoate</p> <p>Nasal spray, 50micrograms/dose</p> <p>Fluticasone furoate</p> <p>Nasal spray, 27.5 mcg/metered spray</p>	
Alternatives	<p>Mometasone furoate</p> <p>Nasal spray, 50micrograms/dose</p> <p>Fluticasone furoate</p> <p>Nasal spray, 27.5 mcg/metered spray</p>	
	<p>Betamethasone sodium phosphate</p> <p>Nose drops 0.1%</p>	
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<p>Fluticasone propionate/azelastine hydrochloride</p> <p>Nasal spray, 50 micrograms/137 micrograms (Dymista®)</p> <p>Only for use in patients aged 12 years and over for whom intranasal antihistamines and glucocorticoids administered separately are not sufficient.</p>	<p>G_n</p> <p>Criterion 3 (see RAG list)</p>
Additional notes		
<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>		

Subsection	12.2.2 Topical Nasal Decongestants	
First choice	Xylometazoline Nasal Drops 0.1% Adult OTC Ephedrine Nasal Drops (0.5% or 1%) - over 12 years only OTC	
Alternatives	Sodium Chloride Nasal Drops 0.9% OTC	
	Ipratropium Bromide 0.03% Nasal Spray (for non allergic Rhinitis)	
Do Not Prescribe	Coughs, colds and nasal congestion Pseudoephedrine nasal sprays and oral preparations. Xylometazoline and ephedrine nasal sprays and drops	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Additional notes 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. Steam inhalation may be beneficial and may be more attractive to use if given an aromatic odour (with menthol and eucalyptus).		
Subsection	12.2.3 Nasal Preparations for Infection	
First choice	Naseptin® Cream	
Alternatives		
Additional Notes Mupirocin (Bactroban) should be kept in reserve for MRSA only to avoid resistance developing.		

BNF Chapter	12 Ear, Nose and Oropharynx	
Section	12.3 Drugs Acting on the Oropharynx	
Subsection	12.3.1 Drugs for Oral Ulceration and Inflammation	
First choice	Benzydamine Hydrochloride Oral Rinse 0.15% OTC Benzydamine Spray 0.15% OTC	 for use in palliative care or following radiotherapy
Alternatives	Hydrocortisone Pellets 2.5mg OTC	
Do Not Prescribe	Mouth ulcers Local anaesthetic gels, hydrocortisone buccal tablets See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Additional notes 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.		
Subsection	12.3.2 Oropharyngeal anti-infective Drugs	
First choice	Miconazole Oral Gel 24mg/ml	MHRA DSU: Miconazole (Daktarin): over-the-counter oral gel contraindicated in patients taking warfarin, Sep 2017
Alternatives	Nystatin Oral Suspension 100,000 units per ml	
Do Not Prescribe	Oral thrush Miconazole oral gel, nystatin oral suspension See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Additional notes Continue for 48 hours after lesions have healed		
Subsection	12.3.3 Lozenges and sprays	
Do Not Prescribe	Acute sore throat Sore throat lozenges and sprays, analgesics.	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .

Subsection	12.3.4 Mouthwashes, Gargles & Dentifrices
First choice	Chlorhexidine Gluconate Mouthwash 0.2% OTC
Subsection	12.3.5 Treatment of Dry Mouth (ACBS rules apply)
First choice	Glandosane[®] Aerosol Spray OTC
Alternatives	AS Saliva Orthana[®] OTC Xerotin[®] (100ml pack size and 14 day in use life) Suitable for intensive users OTC
Additional notes	
<p>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.</p> <p>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.</p>	