# Earache pathway

**Healthier Together**

**NHS**

| Clinical findings | Green – low risk | Amber – intermediate risk | Red – high risk |
|---|---|---|---|
| Colour<br>Activity | • Normal colour of skin, lips and tongue<br>• Responds normally to social cues<br>• Content/smiles<br>• Stays awake or wakens quickly<br>• Strong normal cry/not crying | • Pallor<br>• Reduced response to social cues<br>• Wakes only after prolonged stimulation<br>• Infant (under 1 year) not feeding<br>• Very distressed | • Blue or grey colour<br>• Unable to rouse or if roused does not stay awake<br>• 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<br>• RR 40-50 breaths/min if age 1-5 years<br>• RR 25-30 breaths/min if age 6 -11 years<br>• RR 20-25 breaths/min if age ≥12 years<br>• Mild/moderate respiratory distress | • Grunting or severe respiratory distress<br>• RR >60 breaths/min  if aged <12 months<br>• RR >50 breaths/min if age 1-5 years<br>• RR >30 breaths/min if age 6 -11 years<br>• RR >25 breaths/min if age ≥12 years |
| Circulation / hydration | • None of amber or red symptoms | • Cold hands and feet in absence of fever<br>• Reduced urine output<br>• Not tolerating fluids | |
| Other | • None of amber or red symptoms | • Pus discharging from ear<br>• Pain waking child from sleep<br>• Child under 2 years with bilat earache<br>• Swelling or redness behind the ear<br>• Dizziness or losing their balance<br>• Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection<br>• Fever for ≥ 5 days<br>• Additional parental/carer support required<br>• Lower threshold for face to face review if significant chronic co-morbidities | • Age 0-3 months with temp ≥38° (100.4°F)<br>• Meningism (severe headache, neck stiffness, photophobia, irritability)<br>• Seizure |

| Green Action | Amber Action | Red Action |
|---|---|---|
| Provide earache safety netting advice sheet<br>Confirm they are comfortable with the decisions/ advice given<br>Always consider safeguarding issues | Consider video consultation<br><br>and/or<br><br>refer to primary care service for review | Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc. |

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