

NURSING CARE PLAN (OTITIS MEDIA/ACUTE OTITIS MEDIA (AOM))

Medical Diagnosis: Otitis Media/Acute Otitis Media

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Ear pain • Fussiness/irritability • Headache • Hearing loss 	Assess Vital Signs	Pain and fever can increase HR, RR, and BP. (Fever most common symptom)
	Observe ears and throat for signs of drainage or discharge	Congestion, post-nasal drip, and drainage of the ears may be present. Co-infections such as strep throat, a cold or the flu may also be present
	Assess pain level	Wong-Baker FACES and FLACC scales may be used to assess pain in young children and infants. Pulling at the ears and tilting the head are also signs of ear pain. Use numeric scale for adults (1-10)
Objective Data: <ul style="list-style-type: none"> • Tugging/pulling at ear • Fever • Fluid drainage from ear • Vomiting • Diarrhea • Lack of balance 	Assess for hearing loss/changes in speech	Sounds may be distorted or muffled in the affected ear. Toddlers learning to talk may have changes in speech due to impaired ability to hear.
	Position patient for comfort; sitting up or lying on side of unaffected ear	Lying flat or on the side of the affected ear can cause more swelling and fluid accumulation in the eustachian tube, resulting in increased pain. Encourage the parent to hold infants and young children upright to reduce discomfort
	Give medications (pain, antibiotics) & non-pharmacologic interventions	Analgesics such as acetaminophen may be given. Other methods include applying warm (not hot) moist compresses to the ears. Antibiotics are usually given for bacterial infections. A full 10-day course is generally required (DO NOT stop taking course even if they feel better. Take full therapy as a worsening reoccurrence can happen
	Prepare family/patient/caregiver for Tympanostomy Tube Placement	Tube placement may be needed if a child has 3 ear infections within 6 months or 4 infections a year. These tubes will allow the fluid to drain from the ear and reduce complications of hearing loss, speech delay, spread of infection, and tearing of eardrum
	Provide education for parent/caregiver -F/U care	<ul style="list-style-type: none"> • Avoid giving bottles or sippy cups while lying down Practice good hand hygiene to prevent the spread of bacteria that cause ear infections • Some infections may be resistant to certain antibiotics. Encourage follow-up after treatment to determine if the infection has cleared, even if symptoms seem to subside or resolve.