

HISTORY OF: Earache/otalgia.

Are there ear symptoms?
EG itching, discharge, deafness temporally associated?

Examine the ear

Manage the ear condition (link ear page on RMS site)

abnormal

normal

Is this referred otalgia ?

Whilst up to 50% of patients presenting with otalgia will have a referred cause, of those with normal ear examination, almost all are due to some non-ENT referred cause.
IF THE EAR LOOKS NORMAL, IT IS NORMAL!

Referred otalgia may be felt TRULY IN THE EAR, not necessarily in front of, behind or below the ear

Explain, and ask the patient; they may identify the source for you.
Ask focused questions and **examine these areas:**

Source <i>The ear has input from all these nerves.</i>	Examine	Features suggestive	Pathway
C2 C3	THE NECK Neck movements. Tenderness.	Aware of neck stiffness or discomfort? Limited range of movement of neck?	MSK management.
V	THE MOUTH AND TEETH TMJ – jaw opening and tenderness of the TM joint.	Pain on chewing- TMJ dysfunction? Teeth sensitivity, pain on palpation/biting - dental pathology? (A sinonasal tumour or infection would give facial pain and other signs, not isolated otalgia)	General dentist or oral surgery opinion.
VII	The facial nerve is an uncommon cause of referred otalgia but herpes zoster may cause otalgia acutely before vesicles appear and before onset of facial palsy.		
IX & X	THE OROPHARYNX AND PALPATE THE NECK	Sore throat, pain on swallowing, dysphagia. Other risk factors: age, smoking, weight loss, neck lump.	Refer to ENT/H&N. 2WR if meets criteria.
Neuralgia	EXAMINATION OF EAR, NOSE, THROAT (OROPHARYNX) AND NECK (soft tissues and cervical spine) will be normal.	The nature of pain may raise suspicion. Is it associated with headache? This is inevitably a diagnosis of exclusion.	Treat as for neuralgia, see pain clinic and neurology guidance.