

EAR Score

Evidence-based Acute otitis externa Referral Score

This scoring system seeks to highlight patients diagnosed with acute otitis externa (AOE) who are more likely to need specialist referral. It is not designed to take the place of a practitioner's clinical discretion or experience. Severely immune compromised patients eg those with neutropenia should be treated as per relevant guidelines.

1. Significant risk factors

One of	Age over 65 years	Score 1
	Recurrent AOE	
	Current chemo- or radiotherapy (not neutropenia – see above)	
	Diabetes mellitus (well controlled)	

Either	Immune compromise (eg HIV or transplant)	Score 2
Or	Diabetes mellitus (poorly controlled)	

2. Length of treatment


Either	Unplanned re-presentation with AOE symptoms in the first ten days of treatment	Score 3
Or	AOE not resolving for more than 14 days despite treatment	

3. Red flags

Please exclude the possibility of a primary neurological cause first

One of	Cranial nerve palsy	Score 5
	Disproportionate ipsilateral head pain	
	Erythema and swelling of the pinna or face	
	Completely stenosed ear canal (unable to insert speculum into ear canal at all)	

Key

Risk stratification	Total score	Recommendation
Lower risk  Higher risk	0	Unlikely to require specialist referral now. Patient can be discharged from initial consultation with prescription and safety-netting.
	1 – 2	Active monitoring appropriate. Patient progress should be reviewed in primary care during and after treatment.
	3 – 4	Consider a specialist referral for an emergency appointment within 12-48 hours.
	5+	Please make an urgent specialist referral.
	Any red flag	