

12: Ear, Nose and Oropharynx

Sheffield self-care guidance encourages the use of Over the Counter (OTC) products for minor illnesses, such as seasonal rhinitis, hayfever, oral thrush, ear wax, nasal congestion and oral thrush. Please see [South Yorkshire Self-Care Guidance](https://www.nhs.uk) for full details and [https://www.nhs.uk/](https://www.nhs.uk) for self-care information

12.1.1 Otitis externa

Anti-inflammatory preparations;

Acetic acid - 2% ear spray (Earcalm®) [self-care](#)

Betamethasone sodium phosphate – 0.1% ear / nose / eye drops (Vistamethasone ®)
POM

Anti-inflammatory preparations – with anti-infective (Do not use for more than one week):

Betnesol-N® ear/eye/nose drops POM

Otomize® spray – for patients who have difficulty with drops POM

Manufacturers advise that treatment with a topical aminoglycoside antibiotic is contraindicated in patients with tympanic perforation. Formulary drugs containing an aminoglycoside antibiotic include Betnesol- N® and Otomize® (see BNF for other aminoglycoside containing ear preparations).

Otitis media - Treat with simple analgesics. For the role of systemic antibiotics, see the [Infections chapter of the Sheffield Formulary \(chapter 5\)](#).

12.1.3 Removal of Ear Wax

Olive oil – ear drops [self-care](#)

Allow to warm to room temperature before use.

12.2.1 Nasal inflammation, nasal polyps and rhinitis

Beclomethasone dipropionate – nasal spray [self-care](#)

Mometasone Furoate – nasal spray POM

Fluticasone furoate (Avamys®) – nasal spray POM

Azelastine – nasal spray POM

Hay fever

- Treatment should begin 2-3 weeks before season starts. Use with systemic antihistamine.
- No evidence of superior efficacy of once a day products however if the patient is non-responsive to OTC beclomethasone dipropionate then consider mometasone furoate
- For chronic conditions use minimum effective dose.

Nasal polyps

- Mometasone furoate is licensed for this use. Review after 6 weeks

12.2.2 Nasal congestion

Normal saline nasal drops [self-care](#)

- Avoid use of ephedrine: can give rise to rebound congestion on withdrawal.
- Normal saline nasal sprays such as Sterimar® or Aqua maris® are classed as medical devices and are not recommended for prescribing.
- Nasal sprays and drops for the symptomatic relief of hayfever and congestion such as those containing xylometazoline hydrochloride can be purchased over the counter for short term use (up to 7 days).
- Self-care measures for nasal congestion include [nasal rinsing](#)

12.2.3 Nasal preparations for infection

Naseptin® cream – **care**; contains peanut oil - See [SPC](#)
Mupirocin 2% nasal ointment – for MRSA

POM
POM

12.3.1 Drugs for oral ulceration and inflammation

Benzydamine – spray (Difflam®)
Benzydamine – oral rinse (Difflam®)

[self-care](#)
[self-care](#)

12.3.2 Oropharyngeal anti-infective drugs

Miconazole – oral gel

[self-care](#)

Care: Miconazole oral gel may interact significantly with a number of drugs including simvastatin and warfarin. The anticoagulant effect of warfarin can be enhanced by the use of miconazole oral gel and hence close INR monitoring is required, see [Drug Safety Update](#)

12.3.4 Oral hygiene

Chlorhexidine gluconate – mouthwash 0.2%

[self-care](#)

12.4.5 Treatment of dry mouth

Salivix® - pastilles
BioXtra® – gel and spray
Xerotin® – oral spray

[self-care](#)
[self-care](#)
[self-care](#)

- Avoid prescribing acidic preparations in patients with natural teeth. Examples of pH neutral preparations are: Xerotin® oral spray and BioXtra® spray.
- When prescribing items for the treatment of dry mouth, please refer to BNF section 12.3.1 for clarity around licensed indications and ACBS criteria.

Oral hygiene, dental caries – fluoride:

For advice on dental prescribing see [Oral Health - A guide for GPs](#)
Also see – [Chapter 9 - Nutrition and Blood](#)