12.1 DRUGS ACTING ON THE EAR

Anti-inflammatory/anti-infective preparations

These preparations usually contain a corticosteroid either alone or with an antibacterial agent.

- **Betamethasone**
  0.1% ear, eye, nose drops

**NB:** Prescribe generically as some brands may not be available at all times.

- **Betamethasone (0.1%)/neomycin (0.5%)**
  ear, eye, nose drops

- **Gentamicin**
  0.3% ear, eye, nose drops

- **Gentisone HC**
  ear drops
  (gentamicin/hydrocortisone)

**CSM statement:** topical aminoglycosides are contraindicated in the presence of tympanic membrane rupture. However, they are often used with caution, by specialists for treatment of otitis media.

**Ciprofloxacin or ofloxacin eye drops used in the ear** (unlicensed use) may be considered as an alternative to aminoglycosides in the presence of perforation – this would normally be following specialist advice only (see ophthalmology section for preparations).

- **Otomize**
  ear spray
  (dexamethasone/neomycin/acetic acid)

Useful where application of ear drops would be difficult because of presence of debris in the ear canal.
• Locorten-Vioform ear drops
  (clioquinol/flumetasone)

• Sofradex ear drops, ointment
  (framycetin/gramicidin/
dexamethasone)

• Canesten 1% solution (For superficial fungal infection)
  (clotrimazole)

Astringent preparations

• Aluminium acetate 13% ear drops
  (unlicensed special)

Effective for otitis externa. Insert a liberal amount into the ear or apply on a gauze dressing or sponge wick.

Not considered appropriate for Primary Care prescribing.

Removal of ear wax

First line

• Sodium bicarbonate 5% ear drops

Second line

• Olive oil Ear drops

Other proprietary preparations are available but are usually more expensive and no more effective.
12.2 DRUGS ACTING ON THE NOSE

Preparations for cleansing the nasal passage

- **Salt water spray (Sterimar)**
  
  Nasal spray
  
  (Hospital only preparation)

  Post-operative nasal cleansing
  
  1-2 sprays in each nostril 4 times a day

  As a nasal moisturiser
  
  1 spray into each nostril up to six times a day.

**NB:** Sterimar spray is not prescribable on FP10 by GPs or on hospital FP10 prescription forms.

The hospital pharmacy will supply sufficient quantity for the required course of treatment on discharge or following out-patient attendance.

Further treatment is usually unnecessary and patients should be advised of this, but should they request continuing supplies it is available to purchase from pharmacies.

[An alternative for continuing prescribing on FP10 if clinically appropriate, is Sodium Chloride 0.9% solution (Normasol sache ts) 5mL into each nostril 4 times daily or Sodium Chloride 0.9% nasal drops (see below)]

12.2.1 DRUGS USED IN NASAL ALLERGY

**Antihistamines**

- **Azelastine**
  
  (Rhinolast)

  140 micrograms/metered spray

**Corticosteroids**

- **Mometasone furoate**
  
  (Nasonex)

  50 micrograms/metered spray

**NB:** This preparation was accepted by Chester LMMC in place of fluticasone (Flixonase) spray which is more expensive.
- **Beclometasone** 50micrograms/metered spray
- **Betamethasone** 0.1% nasal drops

May be prescribed for up to one month for polyps and after nasal surgery

**Cromoglycate**

- **Sodium cromoglycate** 4% spray
  (Rynacrom)

Less effective than alternative preparations but may be useful option in children and pregnancy

### 12.2.2 TOPICAL NASAL DECONGESTANTS

- **Ephedrine** 0.5%, 1% nasal drops
- **Xylometazoline** 0.05%, 0.1% nasal drops
- **Sodium Chloride 0.9%** Nose drops

**Systemic Nasal Decongestants**

- **Pseudoephedrine** 60mg tablets

### 12.2.3 NASAL PREPARATIONS FOR INFECTION

- **Mupirocin** 2% nasal ointment
  (Bactroban)

Reserved for MRSA clearance

- **Naseptin** cream
(chlorhexidine & neomycin)

- Glucose 25% in glycerine nasal drops (special)

### 12.3 DRUGS ACTING ON THE OROPHARYNX

#### 12.3.1 DRUGS FOR ORAL ULCERATION AND INFLAMMATION

- **Choline salicylate** 8.7% oral gel SF
- **Hydrocortisone** 2.5mg pellets (Corlan)
- **Benzydamine** 0.15% oral rinse (Difflam) 0.15% spray
- **Carmellose** oral paste
- **Doxycycline** mouthwash

For recurrent aphthous ulceration, stir the contents of a 100mg doxycycline capsule into a small amount of water. This should be held in the mouth for 2 to 3 minutes then spat out, three - four times a day. Treatment course is usually no longer than three days. (unlicensed indication)

#### 12.3.2 OROPHARYNGEAL ANTI-INFECTIVE DRUGS

**Antifungals**

**First line**

- **Nystatin** 100,000 units/mL suspension SF

**Second line**

- **Amphotericin** 10mg lozenges
● Miconazole  
24mg/mL oral gel SF

See antibiotic policy for further information on the management of candidiasis

12.3.4 MOUTHWASHES, GARGLES AND DENTIFRICES

● Chlorhexidine gluconate  
0.2% mouthwash  
original or mint flavour

12.3.5 TREATMENT OF DRY MOUTH

Artificial saliva

● Glandosane  
aerosol spray

● Oralbalance  
gel

These are the preparations that are available in the hospital; other proprietary preparations are available in Primary Care. FP10 prescriptions should be endorsed ACBS.