S — Summarize the history and findings

Patient: 32-year-old female
Chief complaint: Left ear pain for 3 days.
History of Present Illness:

- Gradual onset of sharp, throbbing pain in the left ear, rated 7/10.
- Associated with mild decreased hearing and ear fullness.
- No ear discharge, no vertigo, no tinnitus.
- I had a recent upper respiratory infection about 1 week ago.
- Tried paracetamol with partial relief.
- Denies trauma, swimming, or use of cotton buds.

Past Medical History: Non-contributory.
Medications: Paracetamol as needed.
Allergies: None known.
Social History: Non-smoker, no alcohol use.
Examination Findings:

- General: Afebrile, stable vitals.
- Left ear: Tenderness on tragal pressure and with pinna movement.
- The external auditory canal is erythematous and mildly swollen, with small debris visible.
- Tympanic membrane intact, normal light reflex.
- Right ear: Normal.
- No mastoid tenderness, no lymphadenopathy, no nasal congestion.

N — Narrow the differential diagnosis

Based on history and exam, likely causes include:

1. Acute otitis externa — fits with tragal tenderness, canal inflammation, recent URI, and no discharge.
2. Acute otitis media — less likely (TM not bulging or erythematous).
3. Eustachian tube dysfunction — possible but usually painless or pressure-like.
4. Foreign body or trauma — no history to suggest.

A — Analyze the differential

- Acute otitis externa: Most consistent presentation — pain with manipulation, erythematous swollen canal, intact TM.
- Otitis media: Typically presents with middle ear effusion and bulging TM — not seen.
- Eustachian tube dysfunction: Often presents with fullness or popping, but not tenderness.

→ Most probable diagnosis: Acute otitis externa.

P — Probe the preceptor

- When is an ear swab or culture indicated before starting treatment?