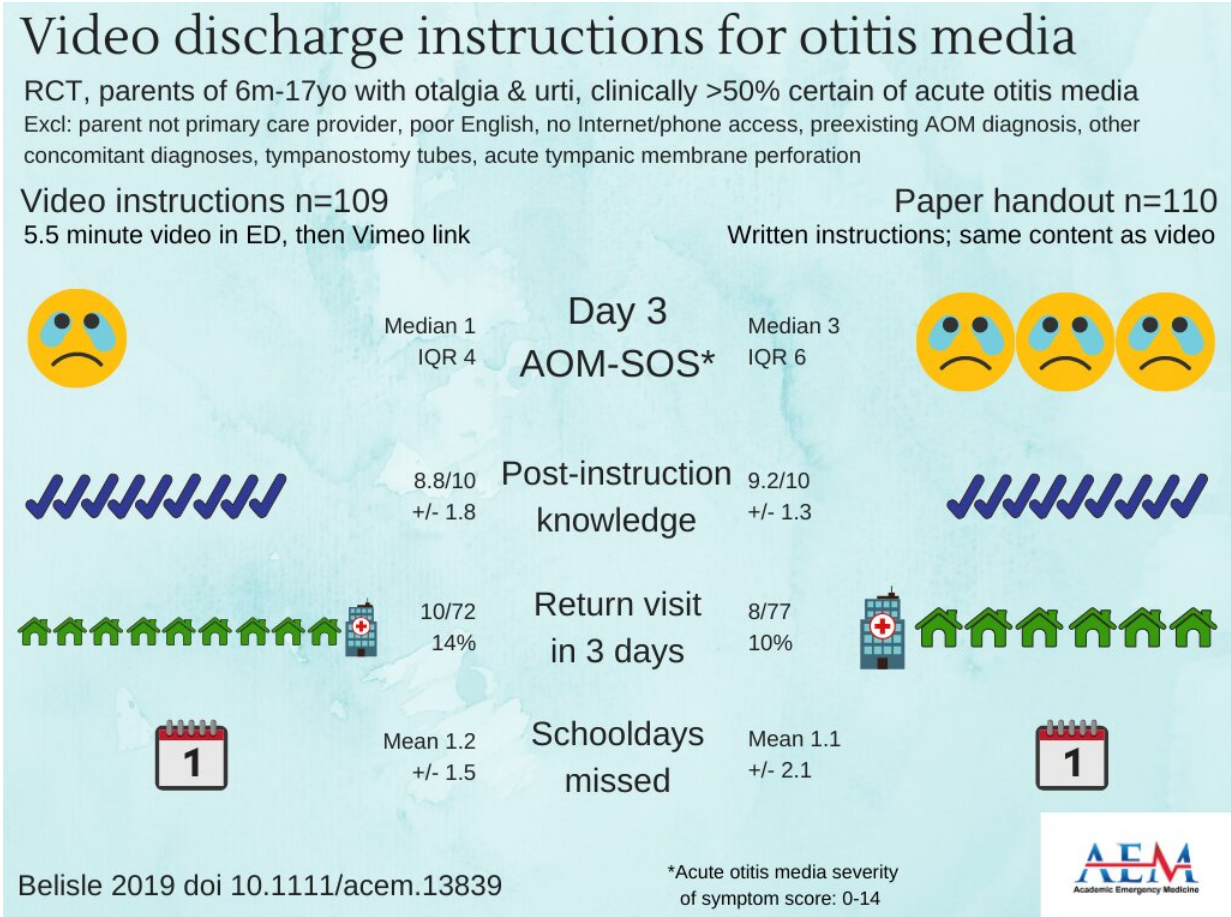


Video discharge instructions in ED associated with less AOM symptomatology

December 11 2019



Randomized controlled trial, parents of 6 month- 17 yo with otalgia and upper respiratory tract infection, clinically >50 percent of acute otitis media. Excluding: parent not primary care provider, poor English, no Internet/phone access, preexisting AOM diagnosis, other concomitant diagnoses, tympanovstomy tubes, acute tympanic membrane perforation. Credit: Kirsty Challen, Lancashire Teaching Hospitals, United Kingdom

Video discharge instructions in the emergency department are associated with less perceived acute otitis media (AOM) symptomatology compared to a paper handout. That is the finding of a study published in the December 2019 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Sheena Belisle MD, a faculty member in the Department of Pediatrics, Division of Paediatric Emergency Medicine, Schulich School of Medicine & Dentistry, Western University, London, Ontario.

Children of [parents](#) with acute otitis media who watched a five-minute [video](#) in the [emergency department](#) (ED) detailing the identification and management of pain and fever experienced a clinically important and statistically [significant decrease](#) in symptomatology compared to a [paper](#) handout.

Both interventions were associated with high parental knowledge and satisfaction and were associated with clinically important reductions in symptoms within three days, however AOM symptomatology appeared to be significantly better among the video group.

The findings suggest that video discharge instructions are beneficial for ED use among parents of children with acute otitis media. Given the logistic advantages of using a video to provide discharge instructions in a busy ED, the authors recommend that this approach should be strongly considered, particularly when time and space constraints hamper efforts to engage in a dialogue.

Commenting on the study is Emily MacNeill, MD, associate program director and associate professor of emergency [medicine](#) at Atrium

Health, Charlotte, North Carolina, where she is also the associate fellowship director for the Pediatric Emergency Medicine program and the assistant residency director for the emergency medicine residency program:

"This is an interesting study as it shows that giving parents video discharge instructions for care of children with otitis media leads to similar outcomes as paper. Interestingly, this paper shows a decrease in reported pain for the video group despite using the same or even less analgesia. This may have been selection bias or maybe even greater comfort with symptoms in the video group. Regardless, showing that video instructions yield similar outcomes as paper further emphasizes that we can consider novel methods for educating patients. The patient sample in this study had a high degree of educated parents. Perhaps more significant improvements in understanding would be found in video education for parents with low health literacy."

More information: Sheena Belisle et al, Video Discharge Instructions for Acute Otitis Media in Children: A Randomized Controlled Open-label Trial, *Academic Emergency Medicine* (2019). [DOI: 10.1111/acem.13839](https://doi.org/10.1111/acem.13839)

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