OTITIS MEDIA:
(EAR INFECTION)

How does an ear infection develop?

When a child has a cold, nose or throat infection, or allergy, the mucus and fluid can enter the eustachian tube (a channel connecting the middle ear to the back of the nose) causing a collection of fluid in the middle ear. If bacteria or a virus infects that fluid it can cause pain and swelling resulting in acute otitis media. This diagnosis must be confirmed by a medical provider.

What are the symptoms of an ear infection?

Some common symptoms of an ear infection are pain, trouble sleeping, loss of appetite, fever and trouble hearing. Younger children may seem irritable and cry. In some cases, the pressure in the middle ear may cause the eardrum to rupture and drain yellow or white cloudy fluid. It is not an emergency, but a visit to the office is recommended.

Most children have at least one ear infection by the time they are 3 years old. The peak age range for ear infections is 6 months to 3 years, but they continue to be a common childhood illness until 8 years of age.

What is the treatment for an ear infection?

Pain is often the first and most uncomfortable symptom, so it is important to comfort your child by giving pain medicine. Acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) may be given at the right dosage for your child's age and size to reduce pain. Do NOT give aspirin to your child because of the association with Reye syndrome, a disease that affects the liver and brain. There are also ear drops that may relieve ear pain. Consult with your pediatrician if these drops should be used. Do not use ear drops if the ear drum has ruptured (ear drainage present) or if your child has ear tubes.

Not all ear infections require antibiotics. For children who are generally healthy, older than 2 and if pain and fever are not severe it may be appropriate to monitor symptoms because the ear infection may get better on its own. If antibiotics are prescribed, be sure to take the antibiotic for the full number of days prescribed to prevent recurrence of the infection.

Are there any restrictions?

Your child can go outside and does not need to cover the ears. Swimming is permitted as long as there is no perforation (tear) in the eardrum or drainage from the ear. Air travel or a trip to the mountains is safe; just have your child swallow fluids, suck on a pacifier, or chew gum during
descent. Your child can return to school or day care when he or she is feeling better and the fever is gone. Ear infections are not contagious.

**Follow-up Visits:** Your child may be been given a return appointment in 2 to 3 weeks. At that visit we will look at the eardrum to be certain that the infection has cleared up and more treatment isn't necessary. Follow-up exams are important, particularly if the eardrum is perforated.

**How to prevent ear infections:**

If your child has recurrent ear infections, it's time to look closely at how we might prevent some of them. Some of the following factors may apply to your child.

- Protect your child from secondhand tobacco smoke, especially in your home or car.
- Breast-feed your baby during the first 6 to 12 months of life. Breastfeeding may help prevent colds and ear infections.
- Keep vaccinations up to date. Vaccines against bacteria (such as pneumococcal) and viruses (such as influenza) reduce the number of ear infections in children with frequent infections.
- Avoid bottle propping. If you bottle-feed, hold your baby at an angle of 45 degrees. This is another reason for weaning your baby from a bottle by 12 months of age.
- Eliminating or reducing pacifier use in the second 6 months of life may reduce ear infections.

**CALL OUR OFFICE IMMEDIATELY if:**
- Your child develops a stiff neck or severe headache
- Your child starts acting very sick

**Within 24 hours if:**
- The fever or pain is not gone after your child has taken the antibiotic for 48 hours
- You feel your child is getting worse

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