

Medical Urgent Care
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Clinical Reference Systems: Pediatric Advisor 11.0

Ear Infection (Otitis Media)

DESCRIPTION (Diagnosis must be confirmed by a physician.)

An ear infection is a bacterial infection of the middle ear (the space behind the eardrum). Frequently, it is a complication of a cold, occurring after the cold blocks off the eustachian tube (the passage connecting the middle ear to the back of the throat). Your child's ear is painful because trapped, infected fluid puts pressure on the eardrum, causing it to bulge. Other symptoms are irritability, fever, and poor sleep.

Most children will have at least one ear infection, and over one fourth of these children will have repeated ear infections. In 5% to 10% of children, the pressure in the middle ear causes the eardrum to rupture and drain a yellow or cloudy fluid. This small hole usually heals over the next week. Children are most likely to have ear infections between the ages of 6 months and 2 years, but they continue to be a common childhood illness until the age of 8 years.

Permanent damage to the ear or to the hearing is a rare complication of ear infections.

HOME TREATMENT

1. Medications

Your child may need a medication to fight the infection as prescribed by your physician.

Try not to forget any of the doses. If your child goes to school or a baby sitter, arrange for someone to give the afternoon dose. If the medicine is a liquid, store it in the refrigerator and use a measuring spoon to be sure that you give the right amount. Give the medicine until the bottle is empty or all the pills are gone. (Do not save it for the next illness because it loses its strength.) Even though your child will feel better in a few days, give the medication until it is completely gone. Finishing the medicine will keep the ear infection from flaring up again.

2. Pain relief

Medication that can be purchased over the counter can be used to help with the earache or fever over 100.4°F (38.5°C) to ease the pain and lower the fever while giving a chance for the prescribed medication to kill the infection. In general, earaches from otitis media tend to hurt more at bedtime.

To help ease the pain, you can put an ice bag or ice wrapped in a wet washcloth over the ear. This may decrease the swelling and pressure inside. Some physicians recommend a heating pad instead. Remove the cold or heat in 20 minutes to prevent frostbite or a burn.

3. 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.

4. Ear recheck

Your physician may schedule a return appointment in 2 to 3 weeks for your child. At that visit, the eardrum will be looked at to be certain that the infection is cleared up and more treatment isn't needed. Your physician may also want to test your child's hearing. Follow-up exams are very important, particularly if the infection has caused a hole in the eardrum.

5. Prevention of ear infections

If your child has recurrent ear infections, it's time to look at how you can prevent some of them. The following list includes ways you can help your child prevent ear infections. If some of the following items apply to your child, try to use them or talk to your physician about them.

- Protect your child from second-hand tobacco smoke. Passive smoking increases the frequency and severity of infections. Be sure no one smokes in your home or at day care.
- The bacteria that cause ear infections are commonly spread among children in day care centers. Try to delay the use of large day care centers during the first year by using a sitter in your home or a small home-based day care.
- Breast-feed your baby during the first 6 to 12 months of life. Antibodies in breast milk reduce the rate of ear infections. If you're breast-feeding, continue. If you're not, consider it with your next child.
- Avoid bottle propping. If you bottle-feed, hold your baby at a 45° angle. Feeding in the horizontal position can cause formula and other fluids to flow back into the eustachian tube. Allowing an infant to hold his own bottle also can cause milk to drain into the middle ear. Weaning your baby from a bottle between 9 and 12 months of age will help stop this problem.
- Control allergies. If your infant has continuous nasal secretions, consider an allergy as a contributing factor to the ear infections, especially if your child has other allergies such as eczema.
- Check the adenoids. If your toddler constantly snores or breathes through his mouth, he may have large adenoids. Large adenoids can contribute to ear infections. Talk to your physician about this.

CALL YOUR CHILD'S PHYSICIAN IMMEDIATELY IF:

- Your child develops a stiff neck.
- Your child acts very sick.

CALL YOUR CHILD'S PHYSICIAN DURING OFFICE HOURS IF:

- The fever or pain is not gone after your child has taken the antibiotic for 48 hours.
- You have other questions or concerns.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.
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