

EAR INFECTION (OTITIS MEDIA)

DEFINITION

An ear infection is a bacterial infection of the middle ear (the space behind the eardrum). It usually 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). The main symptoms are an earache and muffled hearing. Younger children will just cry and fuss. A fever is present with almost half of ear infections. The pain is due to pressure and bulging of the eardrum from trapped, infected fluid. This diagnosis must be confirmed by a physician.

Most children (75%) will have one or more ear infections, and over 25% of these 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 tear usually heals over the next week. The peak age range for ear infections is 6 months to 2 years, but they continue to be a common childhood illness until 8 years of age.

If the following treatment is carried out, your child should do fine. Permanent damage to the ear or to the hearing is very rare.

HOME TREATMENT

Antibiotics. Your child's antibiotic is _____. Your child's dose is _____ given _____ times each day during waking hours for _____ days.

This medicine will kill the bacteria that are causing the ear infection.

Try to remember all doses. If your child goes to school or a babysitter, 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 all the pills are gone or the bottle is empty. (An antibiotic should not be saved from one illness to the next because it loses its strength.) Even though your child will feel better in a few days, give the antibiotic until it is completely gone to keep the ear infection from flaring up again.

Pain Relief. Acetaminophen or ibuprofen can be given for a few days for the earache or for fever over 102°F (39°C). These medications usually control the pain within 1 to 2 hours.

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 unintended frostbite or a burn.

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 has 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 is cleared up and more treatment isn't needed. We may also want to test your child's hearing. Follow-up exams are important, particularly if the eardrum is perforated.

PREVENTION OF 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. If they do, try to change them:

- Protect your child from secondhand tobacco smoke because passive smoking increases the frequency and severity of ear infections. Be sure no one smokes in your home or your child's day care center.
- Reduce your child's exposure to colds during the first year of his life. Most ear infections start with a cold. 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 center.
- 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 formula-feed, hold your baby at an angle of 45 degrees. Feeding in the horizontal position can cause a backflow of formula and other secretions into the eustachian tube. Allowing an infant to hold his own bottle also puts milk into the middle ear. This is another reason for weaning your baby from a bottle between 9 and 12 months of age.
- If your infant has continuous nasal secretions, consider an allergy as a contributing factor to the ear infections. This becomes especially likely if your child has other allergies such as eczema. A milk protein allergy is the most likely offender.
- If your toddler has constant snoring and mouth breathing, talk with us about this. Large adenoids may be a cause.



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.