

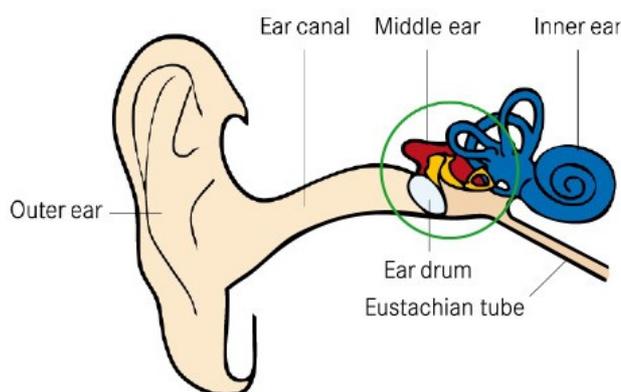
Ear infection in children

Emergency Department factsheets



What is an ear infection?

An ear infection (medically termed otitis media) generally refers to an infection of the middle part of the ear, that lies behind the eardrum.



Ear infections are common in babies and young children, especially those aged six to 18 months.

Most children will have an ear infection before the age of five.

Most cases are not serious but they can be very painful and distressing.

What causes an ear infection?

Ear infections are caused by viruses or bacteria that infect the middle ear. In children, the Eustachian tube, which runs from the ear to the back of the throat, is short, and more horizontal than an adults. It becomes blocked more easily, such as during a common cold.

When the tube becomes blocked, fluid does not drain away from the middle ear as it normally does. This may cause an infection which usually arises from germs found in the nose and throat.

Other causes are:

- an upper respiratory tract infection
- sudden changes in air pressure (i.e. airline travel)
- using cotton buds to clean the ears (they push ear wax further down the ear canal and may cause a blockage)
- smaller than average Eustachian tubes
- swimming in polluted water (called otitis externa, or swimmer's ear).

What are the symptoms?

The first signs of infection are often similar to those of a cold, with a snuffly, blocked or runny nose and mild fever. Your child may not want to eat or sleep, and is generally irritable. Sometimes there is a discharge (pus or blood) coming from the ear.

An older child may complain of an earache, headache or deafness. A younger child may simply pull at their ear or be upset. Babies (up to 12 months) can become extremely irritable, shove fingers in their ears and lose their appetite.

Sometimes the symptoms are very mild and the ear infection is only picked up when a doctor looks at your child's ears.

Treatment

Most infections clear up without treatment and children feel better in a few days. A small number of children will benefit from antibiotics (if there is a bacterial infection). Most antibiotic courses last five to ten days, and many children feel better in the first day or two. Your child must keep taking the antibiotics until they are all finished, as bacteria may still be present.

In many cases antibiotics are not required. Ask your doctor if they are necessary. The doctor

may also advise you to use eardrops if there is an infection in the outer ear canal.

Home care

You can help your child in several ways.

- Offer fluids (water), frequently and in small amounts ('sips'), especially if they have a fever.
- Give pain relief medication if your child is in pain, for example paracetamol (such as Panadol or Dymadon) or ibuprofen. Carefully check the label for the correct dose and make sure you are not giving your child any other products containing paracetamol (such as some cough medicines and cold and flu preparations).
- Give your child plenty of rest, with quiet activities at home.
- Your child can pass on any virus that may have caused the ear infection, so keep them away from childcare or school until they are better.
- Do not put cotton buds in the ear even if there is pus or blood. This may damage the eardrum.
- Do not fly with your child until your doctor tells you it is all right to do so.

What to expect

Most ear infections improve quickly over a few days and there are no further problems.

In some cases, fluid, pus or blood will break through the eardrum and leak from the ear. If this happens, your child will feel better as the build-up of pressure has gone. The eardrum usually heals by itself. If this occurs your child should not swim or put their head under water until the eardrum has healed.

In some children, ear infections can lead to a build-up of thick sticky fluid (known as glue ear).

There is often little or no pain with this, but your child may find it difficult to hear because sound does not travel well through fluid. Glue ear will often improve by itself, but may take some weeks to do so.

If you have any concerns about your child's hearing, see your local doctor. Hearing loss affects about one in three primary school aged children and can lead to learning difficulties and speech problems. Small children may appear like they are not paying attention or being naughty.

A referral to a specialist ear, nose and throat (ENT) doctor may be needed if hearing loss lasts for more than three months or if your child has many ear infections. Sometimes small drainage tubes (called grommets) need to be inserted to drain the fluid from the ear.

Prevention

- Avoid contact with cigarette smoke.
- Breastfeed your baby for the first six to 12 months if you are able to, as it provides more natural immunity to fight infections.
- Some research suggests limiting the use of dummies in young children.
- Teach an older child to blow their nose 'softly', which helps to clear fluid from the Eustachian tube.

Seeking help

In a medical emergency, go to the nearest hospital emergency department or call an ambulance (dial 000).

See your local doctor or health care professional if the condition is not improving or keeps coming back

For other medical problems see your local doctor or health-care professional.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call*.

*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider

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