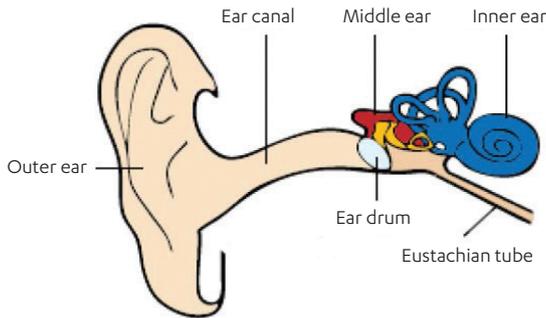


Ear infections in children

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 very common in babies and young children, especially those aged six to eighteen 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
- 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. Sometimes there is a discharge (pus or blood) coming from the ear. Your child may not want to eat or sleep, and is generally irritable.
- An older child may complain of an earache, headache or hearing problems. A younger child may simply pull at their ear or be upset. Babies (up to 12 months) can become extremely irritable, pull at their ears and/or 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. If blood or pus has come from a burst eardrum it normally heals without treatment.

A small number of children will benefit from antibiotics (if there is a bacterial infection). Most 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®), and/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).
- Raise your child's head on one or two pillows at night to help drain fluid in the eustachian tube (only do this if your child is old enough to use pillows)

PATIENT INFORMATION

- Give your child plenty of rest, with quiet activities at home
- Keep children 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 or swim with your child until your doctor tells you it is alright to do so
- Avoid smoking in the house or around your child. Cigarette smoke has been shown to stop fluids from being able to drain from the eardrum.

What to expect

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

In some cases, pus 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.

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
- Teach an older child to blow their nose 'softly', which helps to clear fluid from the eustachian tube

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Return to Cabrini ED if your child:

- **Has a fever**
- **Still has an earache after 48 hours**
- **Has pus or blood coming from the ear**
- **Seems hard of hearing after six to eight weeks**
- **Seems to be getting worse at any time**
- **You are worried for any other reason**

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Royal Children's Hospital website www.rch.org.au/kidsinfo
- Visit the Better Health Channel at www.betterhealth.vic.gov.au