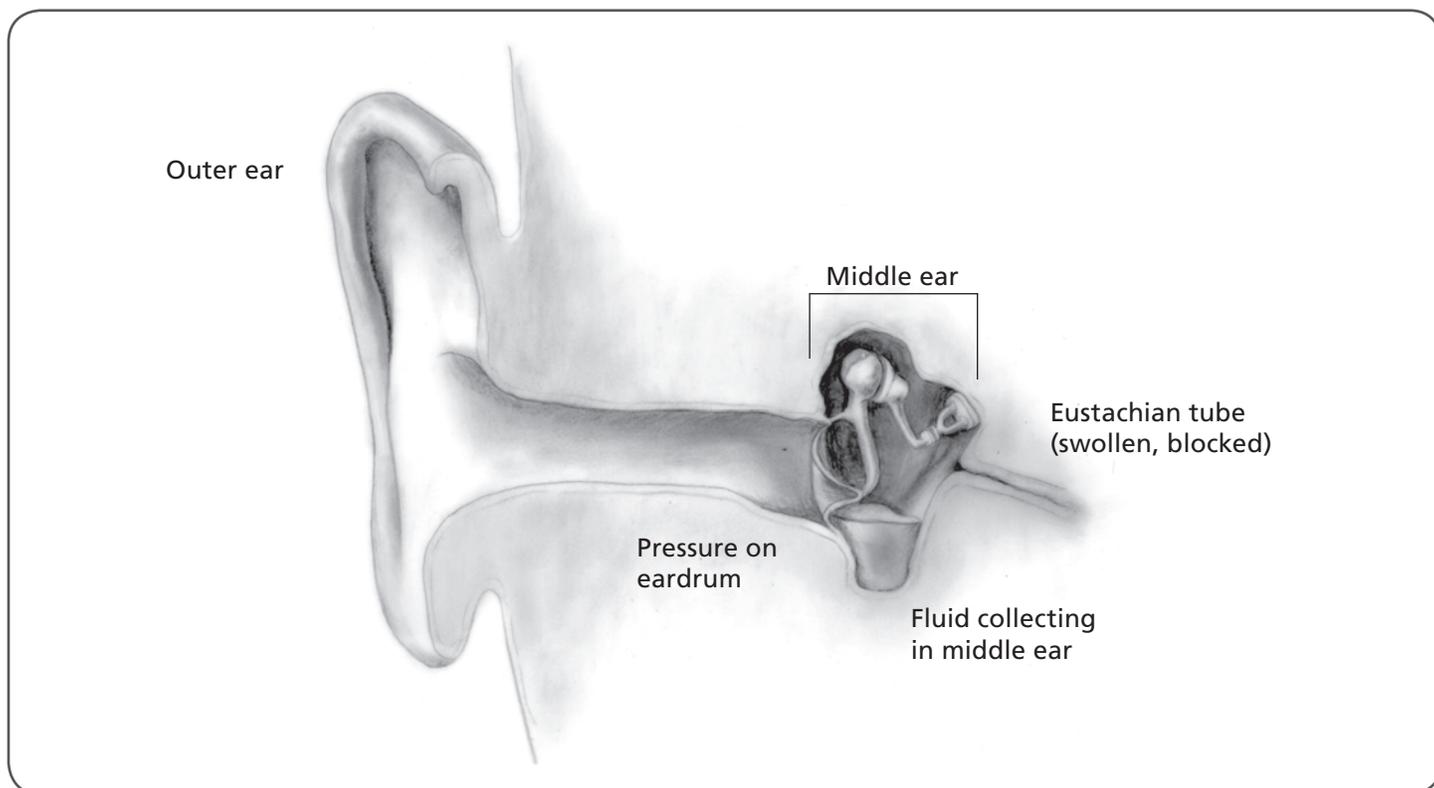


Let's Talk About...

Middle Ear Infection



A middle ear infection, known as acute otitis media (oh-TIE-tuss ME-dee-ah), is one of the most common childhood infections. Half of all children will have a middle ear infection by their first birthdays.

The middle ear becomes sore when bacteria enter through the eustachian tube (you- STAY-shun tube). This tube connects the middle ear to the back of the nose. A child's eustachian tube is shorter, flatter, and more likely to get plugged than an adult's. Bacteria can easily travel through this tube to the middle ear.

Congestion from colds or allergies can clog the eustachian tube, trapping germs in the middle ear and causing an infection. The infection creates fluid called pus, which pushes against the eardrum. This causes it to become red, sore and swollen.

What happens?

Your child may have ear pain, fever, headache, nausea, vomiting and hearing loss. Rubbing or pulling on ears, fussiness and loss of appetite are also common. Babies may run a high fever, be very fussy and not sleep. They may also have symptoms of a cold.

Children who tug at their ears do not always have ear infections. They may also have no symptoms and still have fluid in their ears. This does not need to be treated with antibiotics but should be examined by your child's doctor.

How are ear infections treated?

Your child's doctor may prescribe an antibiotic or recommend waiting a few days to see if the symptoms go away. Not every infection needs an antibiotic. If the symptoms have not improved in two to three days, your child will probably need antibiotics.

Your child may seem better after a few days. However, your child must take the antibiotics until they are completely gone. This will keep the infection from coming back. If your child has severe pain, a heating pad next to the ear might help. Pain relievers, such as Tylenol® or ibuprofen, may also help. Do not use aspirin.

Do not put anything in your child's ear, such as warm oil, unless the doctor recommends it.

Follow all the doctor's directions. It is very important to keep the follow-up appointment with your child's doctor, especially if your child has many middle ear infections.

If your child does not seem better within a few days, call the doctor. Hearing loss can happen if the ear infection is not treated promptly or if your child does not take antibiotics until completely gone. Your child can go back to school or daycare when feeling better. Middle ear infections are not contagious.

What happens in the hospital?

If your child has repeated middle ear infections, you may be referred to an ear, nose and throat doctor for ear tubes. These tubes are put into the tympanic membrane (ear drum) to let air into the middle ear and help drain fluid out. This usually prevents more infections. The procedure is done as outpatient surgery. This means your child will be in the hospital a short time and not have to stay overnight.

How do you prevent ear infections?

- Keep your child away from cigarette smoke. Middle ear infections are more common in children exposed to cigarette smoke.
- Do not prop up a baby's bottle. Children who are bottle fed while lying flat are more likely to have middle ear infections. Hold your child upright during feeding.
- Consider stopping pacifier use.
- Enroll your child in a daycare program with small classes or avoid daycare altogether so germs do not spread as easily.
- Keep up on your child's vaccinations.
- Ask the doctor before exposing your child to water. Pool or bath water are fine unless your child's ear is draining often.

Call your doctor if...

- You give pain medicine and your child still has serious ear pain for more than a few hours.
- Your child looks very sick to you.
- Your child still acts ill after three days of medicine.

Call during regular office hours if...

- Your child has a fever that doesn't go away.
- Your child has pain that won't go away.
- Your child has pus drain from the ear.

Note: Because of the risk of a serious disease called Reye's syndrome, do not give your child aspirin. Children with the chickenpox or flu are especially at risk for Reye's syndrome. Because the flu is hard to recognize, talk to your doctor before giving your child aspirin for any reason.

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