

Easing Earaches in Children

Most earaches are caused by infections of the middle ear. These infections are especially common in children. Up to 70 percent of children develop an ear infection during their first three years of life.

While symptoms of an earache frequently seem serious, ear infections are rarely an emergency. Often the best treatment to start with is comfort measures at home. This wait-and-see approach helps prevent unnecessary visits to the doctor.

This brochure gives you information about the causes and common symptoms of ear infections, ways to care for the illness and recommendations for when to see your doctor.

What causes ear infections?

Ear infections result from a buildup of fluid in the middle ear that gets infected. Fluid buildup is caused by congestion that blocks a passage in the middle ear called the eustachian tube. The eustachian tube connects to the back of the nose and allows air and fluid to go in and out of your middle ear.

Colds or allergies are usually to blame for the congestion and buildup of fluid. That is why ear infections often occur on the second or third day of a cold.

What are the symptoms of ear infections?

Here are some general clues that your child may be developing an ear infection.

- Poor appetite or fussy behavior
- Waking up at night with crying and not easily comforted
- Runny nose
- Fever 101 F or higher
- Ear pain
- Difficulty hearing
- Fluid draining from the eyes or ear
- Feeling as if the ear is full or is popping
- Dizziness

Keep in mind that infants and young children may pull on their ears. If they have none of the above symptoms, however, pulling on the ears is not a reliable sign of an ear infection.

How are ear infections treated?

An earache may cause your child quite a bit of pain. Usually, though, it is not necessary to visit the emergency room, even if your child wakes up in the middle of the night with symptoms. Most ear infections get better on their own and most children will feel better within one day to two days without antibiotics.

To ease the pain, you can provide some comfort measures at home. If symptoms worsen, or are not better in a few days, bring your child to the doctor for an exam.

Comfort measures

- Hold or rock your child in an upright position. A little bit of loving attention can go a long way in helping your child feel better.
- Give your child acetaminophen (Tylenol® or Tempra®) or ibuprofen (Advil® or Motrin®) to help relieve pain. Do not give aspirin to anyone 21 years or younger.
- Apply clean, warm washcloths to your child's ear.
- Keep your child upright. Raise the head of the crib. For an older child, use extra pillows.
- Wipe away leaking fluid as it appears.
Note: Do not use eardrops if your child has leaking fluid or ear tubes to drain the fluid, unless your doctor has instructed you to use antibiotic eardrops.

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Antibiotics

Ear infections that do not go away on their own may require treatment with an antibiotic. Usually, the antibiotic used is amoxicillin (Amoxil®). Most children will start to feel better within one day to two days after starting an antibiotic. Make sure your child takes all the medicine prescribed even if your child is feeling better. Taking the medicine for as many days as your doctor instructs helps to prevent the infection from coming back.

If your child's ear infection does not get better after three days to five days, the doctor may prescribe another antibiotic. If pain and fever continue on the second antibiotic, the doctor may refer your child to see an ear, nose and throat (ENT) specialist. Your doctor also may refer you to an ENT if your child is having repeated ear infections or ongoing fluid for more than three months to six months.

Ear tubes

If your child has had repeated infections, the ear, nose and throat doctor may recommend putting tubes in your child's ears. Children who have repeated ear infections may have trouble with hearing and learning language skills. The tiny plastic tubes can help drain the fluid buildup and may decrease the number of ear infections your child gets.

Placing the tubes in the ears requires an operation. Usually the tubes are left in place until they fall out or your doctor decides your child no longer needs them.

Does my child need a recheck?

Your doctor may ask to recheck your child's ears in three weeks to six weeks following treatment. Whether your child needs a recheck often depends on your child's age, history of ear problems and the time of year. If there is still a buildup of fluid, the infection may come back.

This brochure is based on guidelines developed by a team of health care experts at the Institute for Clinical Systems Improvement (ICSI), of which Park Nicollet Health Services is an active member. It is reviewed and updated regularly as scientific evidence changes. This material is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

Are some children at higher risk for ear infections?

Children may be at higher risk for ear infections if they:

- Have had previous ear infections
- Have a family history of ear infections
- Use a pacifier
- Have frequent colds or other infections
- Take a bottle to bed
- Have allergies with nasal congestion
- Are around people who smoke

How can ear infections be prevented?

To help prevent your child from getting an ear infection:

- Try breast-feeding. If you use a bottle, feed your child in an upright position.
- Avoid using a pacifier if your child has had repeated ear infections.
- Do not smoke and avoid exposing your child to people who do smoke.
- Teach your child proper hand washing.
- Limit your child's exposure to large numbers of children or others with upper respiratory infections.
- Make sure your child gets all immunizations.

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