

ACUTE EAR INFECTION (OTITIS MEDIA)

Middle ear infections are common in children under 3. The tiny tube that connects the middle ear to the throat and nose gets blocked. Fluid then becomes trapped from the blockage. The ear becomes infected by either bacteria or viruses.

Symptoms *may* include:

- Ear pain
- Pulling on ears
- Irritable and crying baby
- Fever
- Poor appetite
- Drainage from ear
- Diarrhea and vomiting
- Decreased hearing (not responding to words or sounds)

What *your doctor* can do:

- Diagnose the infection by asking about your symptoms and medical history, doing a physical exam and, possibly, ordering laboratory blood tests.
- Prescribe antibiotics for bacterial infections. Antibiotics are not effective against viruses.
- Recommend ear tube placement to help drain the fluid from the ears or for children with chronic ear infections.

What *you* can do:

- Make sure your child finishes all of the antibiotic.
- To relieve pressure and pain in the ear try: Yawning; sitting up; applying a warm, moist cloth on the ear; chewing gum (not for a young child); or pretending to blow up a balloon. Use extra pillows at night.
- Give Acetaminophen (Tylenol) for pain and fever (over 102° F) as directed.
- Talk to your doctor before you give ibuprofen (Motrin) to a child with a fever or infection.
- You may send your child to school or daycare when he feels well enough.
- Avoid giving aspirin when your child has a fever or other symptoms of a viral infection (flu-like or chickenpox). This could lead to *Reye's syndrome*, a rare but dangerous disease.
- Avoid travel by plane. It makes the pressure and pain in the ear worse.

What *you* can expect:

- The ears may "POP" as they heal.
- Fever and pain should improve after receiving 2-3 days of medication.
- Fluid may stay in the ear for up to 3 months and may interfere with normal hearing. There should not be any permanent hearing loss.

Contact your doctor if pain or fever last longer than 2-3 days after starting the antibiotic.