



## Patient Information

# Understanding Ear Infections in Your Child

Ear infections are most common in children and typically are not serious if treated quickly and properly. It is important to treat an ear infection correctly since this ailment can contribute to temporary hearing loss or other problems.

### Definition and Causes

There are two types of ear infections. Otitis externa is an infection of the external ear canal and is commonly called “swimmer’s ear.” Otitis media is an infection of the middle ear that may cause a change in the eardrum, such as swelling or redness. This handout focuses on otitis media, the more common of the two infections.

Otitis media can be caused by a virus or bacteria. The infection often occurs during or after allergies or a cold, or as a result of enlarged adenoids — all of which can block the eustachian tube, which connects the throat and middle ear.

### Symptoms

An earache and a fever are the most common symptoms of otitis media. If your child is too young to tell you his or her ears hurt, watch to see if your child pulls at or scratches his or her ears.

Other common symptoms include crying, drainage from the ears, hearing loss in the affected ear, sleep problems, loss of balance, fullness or pressure in the ears, nausea, vomiting and diarrhea.

### Risk Factors

Some children may be at greater risk for ear infections than other children. Factors you cannot control include:

- Age — Children 3 years and younger are at increased risk.
- Sex — Boys seem to be more prone to ear infections than girls.
- Family history of repeated ear infections.
- Allergies — Eustachian tubes don’t work properly in children with long-term nasal congestion caused by allergic rhinitis.

Other risk factors, which can be controlled, are:

- Exposure to cigarette smoke — Exposed babies are more likely to have ear infections, and their infections last longer.
- Bottle-feeding — Within their first year, babies who are bottle-fed instead of breast-fed are more likely to develop ear infections.

- Pacifier use — Babies who use a pacifier after their first year are more likely to develop ear infections.

### Home Treatment

Home care may be all your child needs. You can:

- Use a pain reliever such as a nonsteroidal anti-inflammatory medication (Children’s Advil or Motrin) or acetaminophen (Children’s Tylenol). Do not give aspirin to anyone younger than 20, since it has been linked to a dangerous condition called Reye’s syndrome.
- Apply heat to the ear to relieve pain.
- Keep the ears clean and dry.
- Make sure your child rests.
- Use pain-relieving eardrops only with your NP’s advice.

An important “don’t”: Do not give decongestants or antihistamines to your child during an otitis media infection because they may thicken ear fluid and make your child’s condition worse.

### When to Visit Your NP

If 48 hours have passed and your child’s symptoms persist, visit your nurse practitioner. He or she may prescribe antibiotics, depending on your child’s medical history and other circumstances. It’s important to give your child all of the medicine as prescribed.

The following complications may warrant a visit to your NP, regardless of how long you have been treating the problem at home:

- Redness, swelling or pain behind or around your child’s ear
- Ear pain that increases despite home treatment
- Ear drainage that looks like pus or blood
- Twitching of face muscles

### Prevention

Your child may be able to avoid ear infections if you:

- Don’t smoke.
- Breastfeed your baby.
- Wash your hands frequently to kill germs.
- Teach your child to stop using a pacifier before age 6 months.
- Have your child immunized to prevent illnesses caused by bacteria or viruses that can cause ear infections.



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### Additional Notes:

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