



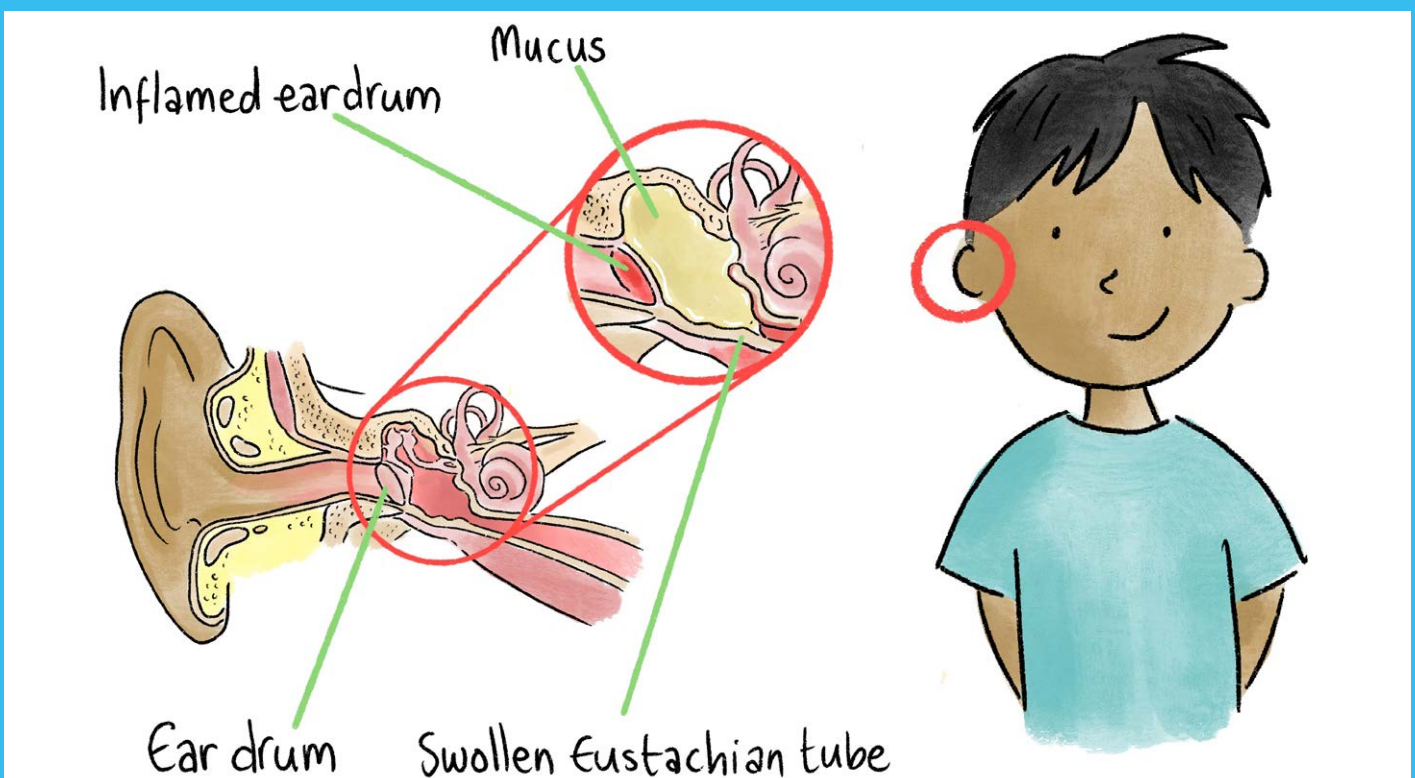
Ear Infections

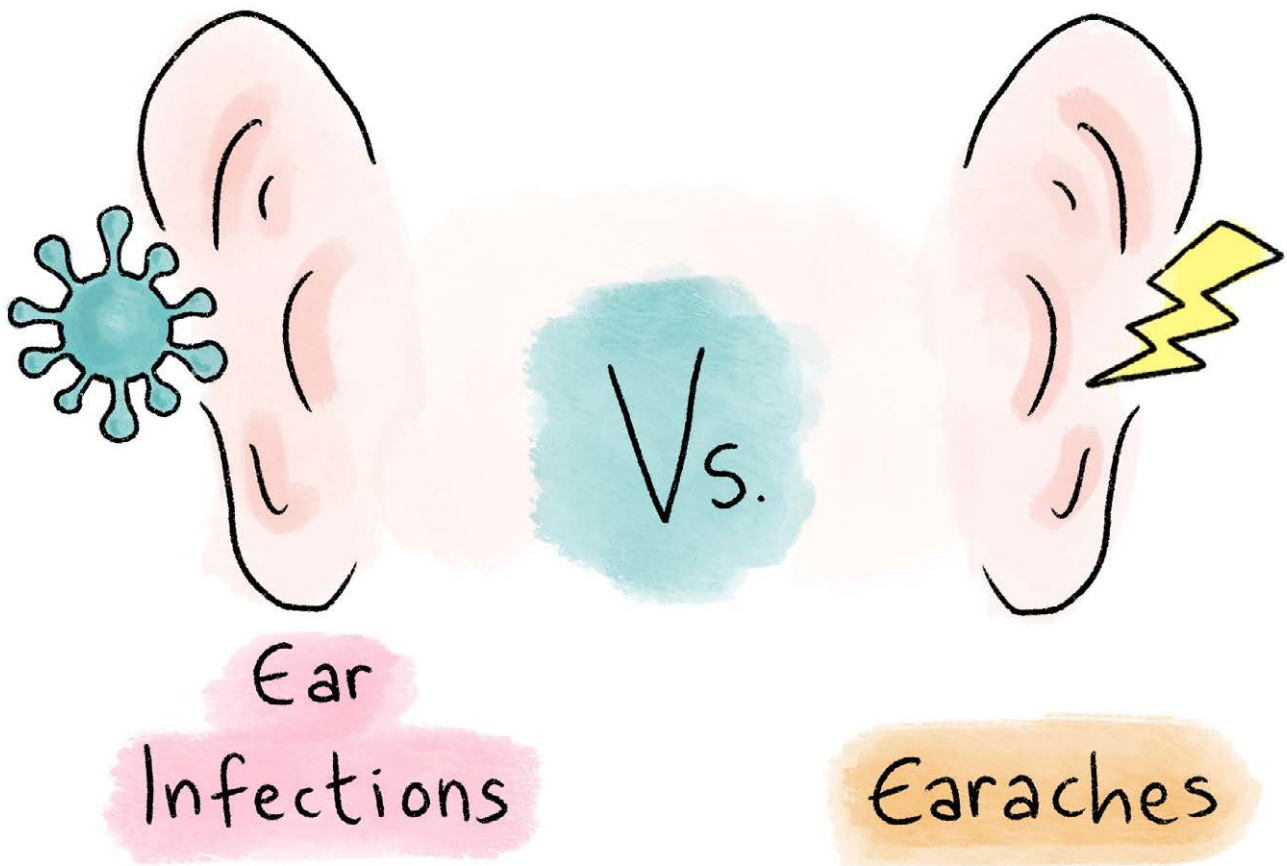
Information for parents and carers

Key facts

An ear infection is an infection of the middle ear that causes inflammation (redness and swelling) and a build-up of fluid and mucus behind the ear drum and causes the Eustachian tube (a thin tube that runs from the middle ear to the back of the nose) to become swollen or blocked.

- Very common in young children
- Commonly affected children between 6 and 15 months
- About one in four children experience at least one middle ear infection by the time they're 10 years old.





Signs that you have an ear infection, not just an earache, are fluid leaking from the ear, a fever, hearing changes and difficulty sleeping

Mild earache can be due to a build-up of mucus in the middle ear after a cold, this usually clears within a few days.

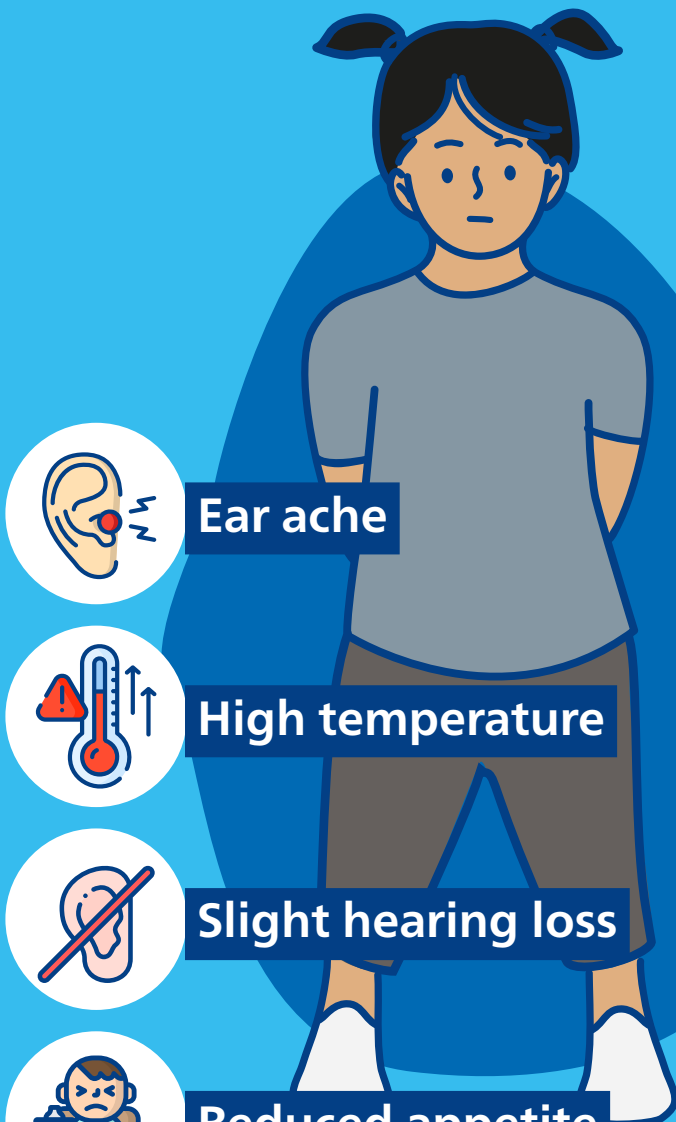
Symptoms are usually less severe than ear infection symptoms and often go away when the cold/flu goes away



Pain can be referred pain from a tooth problem or the jaw joint.

Symptoms of an Ear Infection

Babies are unable to communicate the source of their discomfort, it can be difficult to tell what's wrong



Ear ache



High temperature



Slight hearing loss



Reduced appetite



Lack of energy



Discharge from ear

Can occur if a hole develops in ear drum



Vomiting



Pulling tugging or rubbing their ear



Irritable



Poor feeding



Restlessness at night

Caring for your child at home

If your child does not have any red or amber symptoms in the traffic light advice then you can care for your child at home.

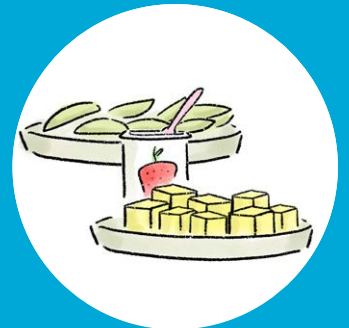
If your child is already taking medicines or inhalers, you should carry on using these.

If your child has an ear infection, you can help them by doing the following:

- 1 Give your child smaller amounts of fluid, more often



- 2 Many children refuse to eat. This is not a problem, as long as they stay hydrated. Offer small snacks



- 3 Ensure they get plenty of rest



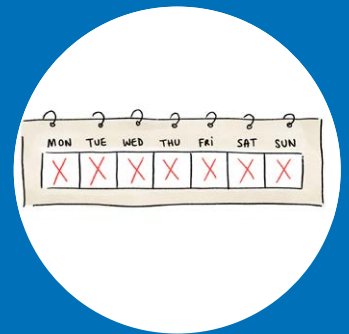
4 If your child is in pain or distressed and over 3 months old, you can give them liquid paracetamol or ibuprofen

At home, we do not recommend giving paracetamol and ibuprofen at the same time. If your child has not improved after two to three hours you may want to give them the other medicine.

Never exceed the dose on the packaging.



5 It is very important to continue the whole course of antibiotics even if your child seems better



Make sure your child is never exposed to tobacco smoke. Passive smoking can seriously damage children's health. It can make breathing problems worse.

Remember, smoke remains on your clothes when you smoke anywhere, including outside.



Treatments

Most ear infections clear up within two to three days and don't need any specific treatment



Ear drops

Ear drops containing a pain killer and topical anaesthetic can be prescribed. These help to reduce the sensation of pain within the ear. It is important that these are not used if your child has discharge coming from their ear.



Antibiotics

Antibiotics aren't routinely used to treat ear infections, this is because the infection usually clears within three days on its own and antibiotics often make no difference to the speed of this. Although they may occasionally be prescribed if symptoms persist or are particularly severe. Antibiotics can get rid of 'friendly bacteria' from the gut, which can temporarily upset the bowels. Overuse of antibiotics encourages resistant bugs to breed.

Antibiotics are unlikely to be justified if your child

- is over 2 years old with a temperature of 39°C or less
- is not severely distressed
- has been unwell for less than 3 days

Antibiotics are more likely to be prescribed if your child



has an infection in both ears



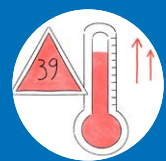
a lot of pain



is under 2 years old and has an infection in both ears



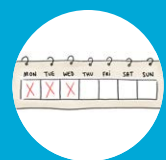
discharge of pus or fluid from the ear



has severe infection



It is common for a doctor to advise a 'wait and see' approach for three days, in most cases the infection does clear. However, if it doesn't clear than antibiotics may be advised.



symptoms show no signs of improvement after two to three days

What to keep in your medicine cabinet

Keep the following items in your medicine cabinet ready for when you need them;

- Liquid Paracetamol (e.g. Calpol)
- Liquid Ibuprofen – please note that if your child has been diagnosed with Asthma, Ibuprofen is not recommended unless discussed with your doctor first.

Never exceed the maximum dose for paracetamol and ibuprofen in any 24-hour period. Keep a diary of when you give each dose so that you do not give your child too much.

Please check the use-by dates and keep out of reach of children. These medicines are all available over the counter from a pharmacist. The pharmacy or supermarket own brands are cheaper and work just as well, if you are unsure, ask your pharmacist.



Children can change quickly and if at any time your child displays any of the 'Red' features in the box below you should seek EMERGENCY HELP.



RED

If your child

- Has blue lips
- Becomes pale, mottled and feels abnormally cold to touch
- Is struggling to breathe
- Has a fit/seizure
- Becomes extremely agitated – crying inconsolably despite distraction, confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'glass test')
- Is under 3 months of age with a temperature of 38°C or above (unless the fever is 48 hours following a vaccination and no other red or amber features)

**YOU NEED EMERGENCY HELP
CALL 999**

**You need to be seen at the
hospital Emergency Department**



AMBER

If your child has any one of these features

- Appears to be getting worse or if you are worried
- Restless or irritable
- Increased difficulty breathing
- Temperature of >39°C despite paracetamol and/or ibuprofen
- Continues to have a fever of 38°C or above for 5 days or more
- Reduced fluid intake by half usual amount
- Passed urine less than twice in 12 hours
- Has extreme shivering or complains or muscle pains
- Vomiting

SEEK MEDICAL ADVICE TODAY

Please call your GP surgery, or, if it is closed call NHS 111

Your GP may want to speak to you on the phone first to give you medical advice. They will arrange to see your child if it is appropriate.



GREEN

If none of the features in the red or amber boxes above are present

- Has normal-coloured skin, lips and tongue
- Responds to you normally
- Is basically content and will smile
- Stays awake or awakens quickly and easily when you wake them
- Has a strong normal cry, or is not crying
- Has moist lips and tongue

See 'Important things to consider' box

SELF-CARE

Using the advice on this leaflet you can care for your child at home.

The most important advice is to keep your child well hydrated.

If you feel you need more advice, please contact your local pharmacy, Health Visitor or GP surgery.

You can also call NHS 111 for advice.

Important factors to consider

There are important factors to consider that may affect your child's ability to cope with an ear infection. These are if your child:

- is less than 3 months old
- has Down syndrome
- has a cleft palate
- has a cochlear implant
- has a heart condition
- has a lung condition
- has a problem with their immune system
- or any other pre-existing medical condition that may affect their ability to cope with illness

We recommend that in these circumstances you seek medical advice

Can middle ear infections be prevented?

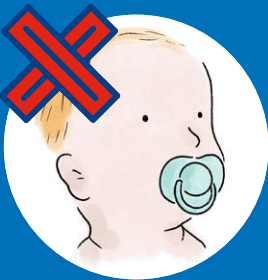
It is not possible to prevent middle ear infections. There is some evidence to suggest an ear infection is less likely to develop;



In breastfed children



In a child who lives in a smoke free home



In children who do not use dummies

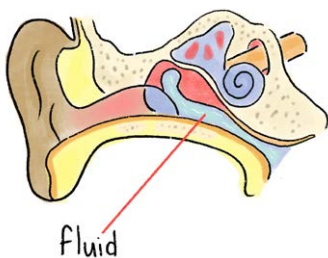
Complications

If a child is normally healthy the risk of serious complications is very rare. The following complications may occur and are useful to know about;



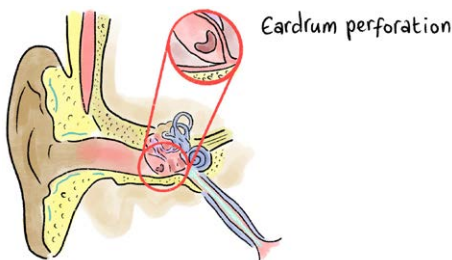
Middle ear fluid

It is common for some fluid to remain behind the eardrum after an infection, which may reduce hearing for a few weeks.



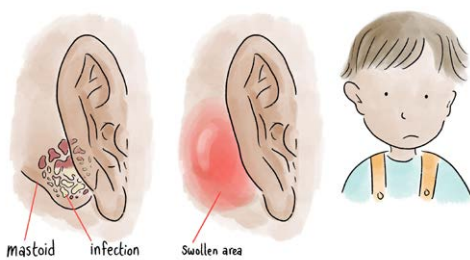
Glue ear

Sometimes this mucus doesn't clear and 'glue ear' may develop. If hearing remains reduced after two weeks seek medical advice.



Eardrum perforation

If the eardrum bursts then it usually heals within a few weeks, if this persists it may need treatment.



Mastoiditis

A serious infection of the bone behind the ear can develop, called mastoiditis. Very rarely this infection spreads into the inner ear, brain and other tissues

You should seek medical advice if

- Becomes suddenly or significantly more ill
- Has an illness which seems severe to you
- Does not improve over three days
- Has a temperature above 39°C
- Develops any symptoms that you are not sure about