

Medicines for Children: information for parents and carers

Ear infections



This leaflet provides background information about ear infections in children, and how they can be managed. It has been written for parents and carers.

What is an ear infection?

- Ear infections most commonly affect the middle ear – this is a space behind the ear drum, which is connected to the throat by a tiny tube. The space is usually filled with air but when you have a cold, it can become filled with fluid or mucus, which becomes infected. Middle ear infection is sometimes called otitis media.
- Ear infections can happen at any age but they are much more common in children than adults, particularly children of preschool age.

What are the signs that my child has an ear infection?

- Ear infection is usually painful, but this may not be easy to spot in a young child. Your child may be irritable and cry more than usual. They may pull at their ear, and they may have difficulty hearing from the affected ear (although this is not always easy to notice). Your child may have a cold, or the ear infection may start shortly after having a cold.
- You may see some of the following symptoms, but you will not necessarily see all of them:
 - fever (temperature above 38°C) is common
 - your child may have trouble sleeping and sleep may be disturbed
 - your child may feel generally unwell
 - they may feel sick or be sick (vomit).

How did my child get an ear infection?

- Infection of the middle ear can be caused by bacteria or viruses, particularly the viruses that cause colds.
- They are more common in winter than summer because they often follow on from a cold.
- A child may get an ear infection without getting a cold.
- Children with 'glue ear' (who often have mucus in the middle ear) are more likely to get ear infections.
- Children are at more risk of getting an ear infection if they have allergies, or if they regularly breathe in cigarette smoke (e.g. if their parents smoke). Cigarette smoke damages the lining of the respiratory tract and increases the risk of infections in children.

Do I need to take my child to the doctor?

It is not usually necessary for your child to see a doctor. The ear infection will usually get better on its own. However, if your child does not start to get better after about 3 days, or if they get worse or you are worried, contact your doctor for advice.

Will my child need antibiotics?

- Probably not, because ear infections are usually caused by viruses (often the ones that cause colds) and antibiotics do not work against viral infections. Most ear infections, even if caused by bacteria, get better in 2 or 3 days on their own. It is therefore unlikely that your doctor will prescribe antibiotics.
 - Your doctor may prescribe antibiotics if the ear infection has not started to get better after 2 days, or if your child is very young (less than 2 years old), has a high fever (39°C or higher) or both ears are infected.
 - They may give you a prescription for antibiotics but tell you to wait for 3 days before giving the antibiotics, to see if the infection gets better on its own.
- ⚠ If your child is given antibiotics, it is important that you follow your doctor's instructions about how to give them. Ensure that your child finishes the entire course of antibiotics, even if they feel better. This is to make sure that all the bacteria are killed.
- We have written leaflets about antibiotics used for childhood infections specifically for parents and carers. The leaflets can be found at www.medicinesforchildren.org.uk.

What else can I do to help my child?

- You can give your child paracetamol or ibuprofen to reduce the fever and help with the pain (but do not give ibuprofen to children who get asthma). You can get these in forms suitable for children from your pharmacist. Make sure you follow the instructions given with the medicine. You can give these medicines to your child if they are taking antibiotics.
- Do not poke around in the ears with cotton buds or push cotton wool into the ears. This will not help the infection, and risks causing damage to the ear drum.
- If your child does not seem to be getting better after 3 days, or seems to be worse or is very poorly, contact your doctor for advice.

How long will it take for my child to get better?

- Your child should start to feel better after 2 days, even if they do not have any treatment, and should be completely better within 2 weeks. Antibiotic treatment, if given, only reduces the time your child has earache by a day or so.
- If your child does not seem to be back to normal by 2 weeks after the ear infection started, contact your doctor.


Can other people catch the ear infection?

No. However, the colds that often cause ear infections can be passed on to other people.

Can my child go to school / day care?

Yes – ear infections cannot be passed on to other people. However, your child is likely to get better more quickly if they can rest at home.

Can ear infections cause more serious problems?

 Children may get a high fever (temperature above 39°C) with any infection, which may cause a febrile convulsion (a fit or seizure). This is not the same as epilepsy. However, you **must** take your child to hospital if they have a febrile convulsion for the first time.

- Your child may get 'glue ear' if the mucus does not clear properly, and they may have hearing problems for a short time. Glue ear is not always easy to detect because it does not cause major symptoms. It is more likely if your child has had a lot of ear infections. Permanent hearing loss is very rare.
- Extremely rarely the infection can spread to the bones behind the ear (mastoiditis). The bone and skin behind the ear will become red and tender. Take your child to the doctor if this happens.

Do ear infections cause any long-term harm?

- Ear infections do not usually cause any long-term effects. Some mucus may stay behind the eardrum, making it harder for your child to hear for a week or so.
- In some cases the infection can make the ear drum burst (perforate). This is painless for the child, but you may see runny mucus coming out of your child's ear for a few days. In fact, a burst ear drum often relieves the tension and pain of ear infection. The ear drum will heal on its own over a few weeks but your child's hearing may be less good during this time.

Can I prevent my child from getting ear infections in the future?

- Ear infections are common in children, and in most cases there is nothing you can do to prevent them. Some children are particularly prone to ear infections; this may run in families.
- There is some evidence to suggest that children who are breastfed have fewer ear infections. If you bottle feed your child, try to do so with them in a more upright position.
- Use of dummies may also increase the risk of getting ear infections. If you do give your child a dummy, try to limit its use to helping your child to get to sleep.
- Breathing in cigarette smoke regularly (e.g. if the parents smoke) may also increase the risk of ear and chest infections.
- A child who is fit and healthy is better able to fight off infections. Make sure your child eats plenty of fruit and vegetables, and that they have plenty of physical activity and regular sleep.

Who to contact for more information

Your child's doctor, pharmacist or nurse will be able to give you more information about ear infections and their treatment.

You can also get useful information from:

NHS Direct (www.nhsdirect.nhs.uk, 0845 46 47)

NHS 24 (Scotland) 08454 24 24 24

NHS Direct (Wales/Galw lechyd Cymru) 0845 46 47

NHS NI (Northern Ireland) 0845 46 47

www.medicinesforchildren.org.uk



Royal College of Paediatrics and Child Health



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We have written this leaflet to help you understand more about this condition and the treatments that are used for it. We take great care to make sure that the information is correct and up-to-date. However, medicines and treatments can be used in different ways for different patients. It is therefore important that you follow the advice of your doctor or pharmacist, as they understand your child's illness. If you are not sure about something, ask your doctor or pharmacist. Note that this leaflet applies to the treatments used in the UK; information on medicines may not apply in other countries. The Royal College of Paediatrics and Child Health (RCPCH), The Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading the leaflet.