

OTITIS MEDIA/EAR INFECTION

Ear infections are one of the most common bacterial infection in children with at least 90% of children being diagnosed with at least 1 ear infection. (<http://www.drugs.com/article/middle-ear-infections-children.html>)

What is it: An infection of the ear caused by either bacteria or a virus.

Who is at risk: Anyone can suffer from an ear infection but young children under 3 years old are most at risk due to the shape of their Eustachian tubes- which is shorter and more horizontal than an adult.

Cause: Ear infections can be bacterial or viral in nature. Inflammation or congestion from allergies or an upper respiratory infection can interfere with the ears ability to ventilate and keep the middle ear clean and dry. When there is not enough fresh air ventilating the middle ear, the area becomes damp, stagnant, and warm, which creates a perfect breeding ground for germs.

Symptoms: Ear infections often peak on day 3 of a cold, influenza or other respiratory infections.

- Ear Pain. Younger children often cry, act fussy or have difficulty sleeping d/t the pain
- Trouble hearing
- Fever occurs in about 50% of children with an ear infection
- Fluid oozing from ears
- Dizziness

How is it diagnosed: The only way to know for sure if your child has an ear infection is for a doctor to check inside her ear with a device called an otoscope

Complications: Tympanic Membrane Perforation, Mastoiditis, Labyrinthitis, Bell's palsy Bacterial meningitis (rare complication)

Treatment: Antibiotics (if the cause is bacterial), Warm compresses, Tylenol or Ibuprofen. Children tend to sleep more comfortably when propped up because when flat, the pressure from the fluid in the middle ear can push on the ear drum which can be painful.

Did you know? Along with Wellness baby visits, ear infections are the most common reason for pediatrician visits (approximately 30 million doctor visits per year in the U.S.)

Patients that call a Triage Nurse when their child has ear pain can be frustrated and anxious. They don't like seeing their child in pain and are afraid that waiting will cause hearing damage. A seasoned triage nurse will be both empathetic and reassuring to these callers. Letting the parent talk about their concerns will reduce their stress level. The nurse should reassure the caller that many times the ear pain will get better without treatment (especially if it is part of a viral illness) and that many doctors have adopted the "wait and see" approach to ear pain. The caller should be informed of what symptoms to callback for, such as pain that is not controlled with OTC pain relievers, high fevers, redness or swelling behind the ear accompanied with a fever or for any symptoms that are worsening after trying home care measures.

Source: www.Medlineplus.gov

www.mayoclinic.com