Earache
Pediatric Office-Hours Version

**DEFINITION**

- Pain or discomfort in or around the ear
- Older child reports an earache
- Younger child acts like he did with a previous ear infection
- Excluded: Ear pain caused by ear trauma/injury, see that protocol

**TRIAGE ASSESSMENT QUESTIONS FOR EARACHE**

**Call EMS 911 Now**
Sounds like a life-threatening emergency to the triager

**See More Appropriate Protocol**

Painful ear canal and has been swimming
*Go to Protocol: Ear - Swimmer’s (Pediatric)*

Full or muffled sensation in the ear, but no pain
*Go to Protocol: Ear - Congestion (Pediatric)*

Due to airplane or mountain travel
*Go to Protocol: Ear - Congestion (Pediatric)*

Crying and cause is unclear
*Go to Protocol: Crying - 3 Months and Older (Pediatric)*

Follows an injury to the ear
*Go to Protocol: Ear Injury (Pediatric)*

**Go to ED Now (or to Office with PCP Approval)**

Fever and weak immune system (sickle cell disease, HIV, chemotherapy, organ transplant, chronic steroids, etc)
*R/O: serious bacterial infection*

Child sounds very sick or weak to triager
*R/O: sepsis*

**Go to Office Now**

Stiff neck
*R/O: meningitis*

Fever > 105° F (40.6° C)
*R/O: serious bacterial infection*

Pointed object was inserted into the ear canal (e.g., a pencil, stick, or wire)
*R/O: perforated eardrum, damaged ossicles*

Earache is SEVERE 2 hours after taking pain medicine
**See Today in Office**

Earache with fever

*R/O: otitis media*

Age < 2 years and ear infection suspected by triager

*Reason: recognizes child too young to report earache*

Pus or cloudy discharge from ear canal

Pus on eyelids/eyelashes

*R/O: otitis-conjunctivitis syndrome with amoxicillin resistant organism*

Child with cochlear implant

*R/O: ear infection*

**See Today or Tomorrow in Office**

Earache without fever (EXCEPTION: transient ear pain lasting < 20 minutes)

*R/O: otitis media. (Pending office visit, see Home Care Advice.)*

Caller wants child seen

**See Within 3 Days in Office**

Recurrent transient ear pain

**Home Care**

None

**HOME CARE ADVICE FOR SUSPECTED EAR INFECTION (Pending Office Visit)**

1.] **Reassurance:**
   - Your child may have an ear infection, but it doesn't sound serious.
   - The only way to be sure is to examine the eardrum.
   - Diagnosis and treatment can safely wait until morning if the earache begins after office hours.

2.] **Pain Medicine:** Give acetaminophen (e.g., Tylenol) or ibuprofen for pain relief or for fever above 102°F (39°C).

3.] **Local Cold:** Apply a cold pack or a cold wet wash cloth to the outer ear for 20 minutes to reduce pain while the pain medicine takes effect. (Note: Some children prefer local heat for 20 minutes.)

4.] **Avoid Earplugs:**
   - If pus or cloudy fluid is draining from the ear canal, the eardrum has ruptured from an ear infection.
   - Wipe the pus away as it appears.
   - Avoid plugging with cotton (Reason: Retained pus causes irritation or infection of the ear canal).

5.] **Olive Oil Eardrops:**
   - Do not recommend any eardrops if the child will be seen today. (Reason: May make it difficult to visualize the eardrums.)
   - For severe earache unresponsive to oral pain medicine, recommend 3 drops of plain olive oil into the ear canal. Another option is plain mineral oil (baby oil). Repeat every 4 hours as needed. (Exception: ear discharge, ear tubes or hole in eardrum)
6.** Contagiousness:** Ear infections are not contagious.

7. **Call Back If:**
   - Your child develops severe pain
   - Your child becomes worse

8. **Extra Advice - Analgesic Eardrops (Prescription):**
   - For severe pain or earache unresponsive to oral pain medicine and olive oil drops, call in a prescription for generic analgesic eardrops. (Same ingredients as Auralgan but costs much less).
   - Dosing: Instill 3 drops every 4 hours as needed.
   - Exception: ear discharge, ear tubes or hole in eardrum

9. **Extra Advice - Request for Antibiotics by Phone:**
   - Inform caller that PCPs rarely call in antibiotics without examining the ear.
   - Reassure that ear pain can be controlled with analgesics and eardrops.
   - Reassure that examining child within 24 hours is quite safe.

**FIRST AID**

N/A

**BACKGROUND INFORMATION**

**Pain Severity Scale**

- **MILD:** doesn’t interfere with normal activities
- **MODERATE:** interferes with normal activities or awakens from sleep
- **SEVERE:** excruciating pain, unable to do any normal activities, incapacitated by pain

**Cause**

- Usually due to an ear infection
- Ear infections can be caused by viruses or bacteria. Usually, can tell the difference by looking at the eardrum.
- Ear infections peak at age 6 months to 2 years
- The onset of ear infections peaks on day 3 of a cold

**Return to School**

- An earache or ear infection is not contagious. No need to miss any school or daycare.

**REFERENCES**


