

Earache / otitis media - Advice Sheet

Advice for parents and carers



The middle ear is the small space behind the eardrum; this space is usually filled with air. Otitis media is an infection of the middle ear that causes inflammation and a build-up of fluid. It is often extremely painful and can be associated with high fever.

When should you worry?



RED

If your child has any of the following:

- Is going blue around the lips
- Has pauses in their breathing (apnoeas) or has an irregular breathing pattern
- Too breathless to talk/eat or drink
- Becomes pale, mottled and feels abnormally cold to touch
- 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')

You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following continued:

- Has pus coming out of the ear
- Develops swelling behind the ear or increasing pain / redness behind the ear
- Develops dizziness or is losing their balance
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down
- Is complaining of a severe headache and neck stiffness/pain or discomfort with bright lights (photophobia)
- Is having breathing problems, such as rapid, shortness of breath or laboured breathing (drawing in of muscles below the lower ribs when they breath in)
- Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)
- Has extreme shivering or complains of muscle pain
- Is under 3 months of age with a temperature above 38.0° / 100.4°F, or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)
- Continues to have a fever above 38.0°C for more than 5 days
- Is getting worse or if you are worried

You need to contact a doctor or nurse today.

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

- If none of the above features are present

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

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Symptoms of otitis media

- Earache
- Fever may be present
- Misery
- Pulling, tugging or rubbing ear
- Slight hearing loss

In most cases, the symptoms of a middle ear infection develop quickly and resolve in a few days. In some cases, pus may run out of the ear, this is the fluid that had built up behind the ear drum causing a small hole in the eardrum; this tends to heal up by itself.

Causes



Most cases of earache/otitis media in young children (under 5 years of age) are caused by viral infections; your child may also have a runny nose and cough. The Eustachian tube is a small tube that links the middle ear to the back of the throat. Its main job is to regulate air pressure in the ear. Its other function is to drain any fluid or mucus that builds up. The common 'cold' can cause the Eustachian to become blocked, causing a build of fluid or mucus and resulting in earache.

Treatment

Most children with otitis media (earache) do not require treatment with antibiotics. Antibiotics rarely speed up recovery and often cause side effects such as rash and diarrhoea. They will also promote the development of antibiotic resistant bacteria in your child.

FACT!


Antibiotics don't usually speed up recovery.

No antibiotics	VS	Antibiotics
 8 of 10 children with otitis media (earache) who DO NOT take antibiotics feel better within 2-3 days		 9 of 10 children with otitis media (earache) who DO take antibiotics feel better within 2-3 days

Earache generally improves without the need for antibiotics in otherwise healthy, vaccinated children.

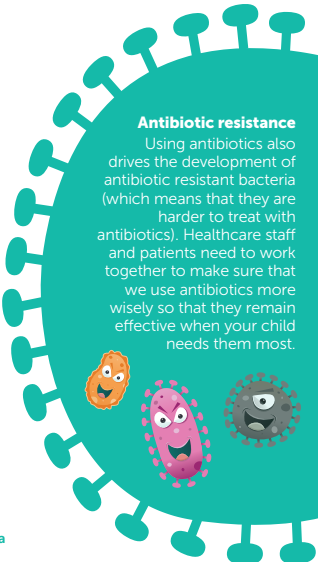
Unfortunately antibiotics can cause harm





3 out of 10




children who take antibiotics will experience side effects

Antibiotic resistance
Using antibiotics also drives the development of antibiotic resistant bacteria (which means that they are harder to treat with antibiotics). Healthcare staff and patients need to work together to make sure that we use antibiotics more wisely so that they remain effective when your child needs them most.



 Nausea  Headache  Vomiting  Diarrhoea

 **Antibiotics should only be used if their benefits are likely to outweigh their harms**

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Treatment continued

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Antibiotics are usually only considered if your child:

- Is under 6 months of age and has otitis media
- Is between 6 months and 2 years of age with infection in both ears, or with associated symptoms such as altered sleep, fever and overwhelming misery
- Has pus draining from their ear
- Has a serious health condition that makes them more vulnerable to serious infection

You can help relieve symptoms by;

- Giving your child paracetamol or ibuprofen if they have a fever
- Encourage your child to drink plenty of fluids

Prevention

It is not possible to prevent ear infections; however, you can do things that may reduce your child's chances of developing the condition.

- Ensure your child is up-to-date with their immunisations
- Avoid exposing your child to smoky environments (passive smoking)