



Long Lane Advice: Middle ear infection (acute otitis media)

This fact sheet helps you to know what's 'normal' and what you can expect to happen if your child develops an infection of the space behind the ear drum ('middle ear infection', or acute otitis media).

What is middle ear infection? Behind the ear drum is a small space that's usually filled with air: the middle ear. To let air in and out, a small channel called the Eustachian tube connects this space to the throat. When germs (such as viruses or bacteria) enter during a cold, an ear infection can develop.

- How dangerous is it? In most children, otitis media is a harmless infection that gets better by itself without any complications.
- How common is it? Middle ear infection is very common, mostly affecting small children aged between six and 18 months. More than half of all children suffer at least one middle ear infection by the time they're seven.
- What are the symptoms? Older children usually complain of ear ache, while younger children often pull or rub their ears. Other common symptoms include runny nose, a raised body temperature (fever), being irritable, crying, sleep problems, cough and poor feeding.
- Who's affected? Middle ear infections are more common in children who breathe in tobacco smoke, attend day care (nursery,) or who drink formula milk rather than breast milk.
- Does my child need antibiotics? Most children with a mild middle ear infection will not benefit from antibiotics. Antibiotics can be useful in children younger than 2 years who have infections in both ears, or who have an infection together with a leaking ear.

What can I expect to happen to my child?

- Symptoms: Symptoms of middle ear infection tend to develop quickly and usually last an average of four days.
- Fluid leaking from the ear: A hole may form in the ear drum and cause infected thick fluid (pus) to run out of the ear. This usually relieves the pain as it reduces the pressure on the ear drum.

What can I do to help my child – now and in the future?



- Giving painkillers: You can give either paracetamol or ibuprofen if your child unwell or appears distressed. Neither should be given routinely just to reduce body temperature. Do not give your child paracetamol and ibuprofen at the same time unless advised to do so by a health professional. Instead, give the alternative medicine if your child does not respond to the first one you start with.
- Keep your child cool: Avoid over- or under-dressing your feverish child. Keep your central heating down. Tepid sponging is no longer recommended.
- Fluids: Offer your child regular fluids. If you're a breastfeeding mother, offer as many feeds as she/he will take. Avoid dummies and feeding while lying flat.
- Body checks: Check your child at night for signs of serious illness.

When should I seek medical help?

Most ear infections are not serious and get better by themselves. Contact your GP surgery for urgent advice if you notice one or more of the following:

- High fever: A body temperature over 38°C in children age 0-3 months or over 39°C in children age 3-6 months.
- Not improving: Your child is generally unwell or doesn't start to improve after four days.
- Fluid: Fluid leaks out of the ear.
- Other symptoms: Your child shows additional symptoms, such as being sick repeatedly, feeling dizzy, a stiff neck, a rash, slurred speech, confusion, seizures (fits), and/or being sensitive to light.

Where can I find out more?

Visit NHS Choices (<http://www.nhs.uk/conditions/otitis-media/Pages/Introduction.aspx>) or www.patient.co.uk for more information on what you can do if your child has symptoms of a middle ear infection. Remember that your pharmacist can also assist you in assessing your child's symptoms.