

DEFINITION

- * Pain or discomfort in or around the ear
- * Child reports an earache
- * Younger child acts like he did with previous ear infection (e.g., crying or fussy)

BACKGROUND

CAUSE

- * Usually due to an ear infection
- * Ear infections peak at age 6 months to 2 years
- * The onset of ear infections peaks on day 3 of a cold

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

RETURN TO SCHOOL

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

FIRST AID

N/A

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: Trauma - Ear (Pediatric)

See Today in Office without Triage

- Earache and child not very sick

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

- 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

- All other earaches (EXCEPTION: transient ear pain lasting < 20 minutes)

R/O: ear infection

- Pus or cloudy discharge from ear canal

- Ear infection suspected by triager

See Within 3 Days in Office

- Recurrent transient ear pain

Home Care

- None (Pending office visit, see Home Care Advice for Suspected Ear Infection)

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 olive oil or other plain cooking oil into the ear canal. Repeat every 4 hours as needed.
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.

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