

## Discharge Instructions

### MIDDLE EAR INFECTION

Your child has an infection of the middle ear (the space behind the eardrum). It can occur as a result of the cold. This is because congestion can block the internal passage ("Eustachian Tube") that drains fluid from the middle ear. When the middle ear fills with fluid, bacteria or virus may grow there, causing an infection. Until recently, antibiotics were used to treat almost all cases of middle ear infection. Doctor's now know that most cases of ear infection will get better without antibiotics.

The reasons for not using antibiotics include:

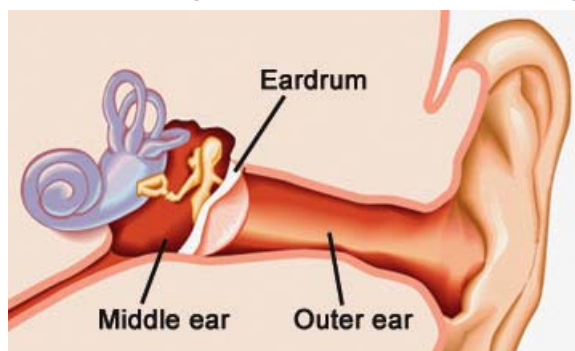
- Antibiotics do not relieve pain in the first 24 hours and only have a minimal effect on pain after that.
- Antibiotics commonly prescribed for ear infection may cause diarrhea or other side effects.
- Antibiotics do not help with viral infections.
- Antibiotics do not treat middle ear fluid.
- Frequent use of antibiotics cause bacteria to become resistant, making it harder to treat in the future.
- Certain antibiotics are very expensive.

For these reasons, you are being given a **Wait & See prescription**. That means we would like you to treat your child only with ibuprofen and pain-relieving ear drops for the first two days and see how he (she) does. Fill the antibiotic prescription in 48 hours (two days) after today's visit, only if your child is not better or is getting worse.

#### HOME CARE:

- 1) **FLUIDS:** Fever increases water loss from the body. For infants under 1 year old, continue regular formula or breast feedings. Between feedings give plain water or an Oral Rehydration Solution. You can buy this as Pedialyte, Infalyte or Rehydralyte from grocery and drug stores. No prescription required. For children over 1 year old, give plenty of fluids like water, juice, 7-Up, ginger-ale, lemonade or popsicles.
- 2) **EATING:** If your child doesn't want to eat solid foods, it's okay for a few days, as long as she/he drinks lots of fluid.
- 3) **REST:** Keep children with fever at home resting or playing quietly. Your child may return to day care or school when the fever is gone and she/he is eating well and feeling better.
- 4) **FEVER & PAIN:** Your child may use acetaminophen (Tylenol) to control pain. In children over 6 months, use ibuprofen (Children's Motrin) instead of Tylenol. **[NOTE:** If your child has chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines. Aspirin should never be used in anyone under 18 years of age who is ill with a fever. It may cause severe liver damage.]
- 5) **EAR DROPS:** Pain relieving ear drops may be prescribed. These should be used every 2 hours as needed for ear pain. If you were not given a prescription for these ear drops and if ibuprofen alone is not controlling pain, contact your doctor and ask for a prescription.
- 6) **ANTIBIOTICS:** Fill the antibiotic prescription in 48 hours (two days) after today's visit, only if your child is not better or is getting worse. Once you start the antibiotic, finish all of the medicine prescribed, even though your child may feel better after the first few days.

[Wait & See Abx tx, Child over 6 months]



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## Discharge Instructions (con't)

**FOLLOW UP:** Sometimes, the infection does not respond fully to the first antibiotic. A different medicine may be needed. Therefore, make an appointment to have the ears rechecked in two weeks to be certain the infection has cleared.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Symptoms get worse or do not start to improve after two days of treatment
- Fever reaches 105.0°F (40.5° C) rectal, or 104.0°F (40.0° C) oral
- Fever remains over 102.0° F (38.9° C) rectal, or 101.0° F (38.3° C) oral, for three days
- Unusual fussiness, drowsiness or confusion
- No wet diapers for 8 hours, no tears when crying or dry mouth
- Headache, neck pain or stiff neck
- New rash appears
- Frequent diarrhea or vomiting
- Fluid or bloody drainage from the ear
- Convulsion (seizure)