Urgent Care Answers™
Plain Language. Real Answers.

PEDIATRIC EAR INFECTION

1 CONDITION OVERVIEW

What It Is:

An ear infection (otitis media) is an infection of the middle ear—the space behind the eardrum. It is one of the most common conditions seen in children at urgent care.

Why It Happens:

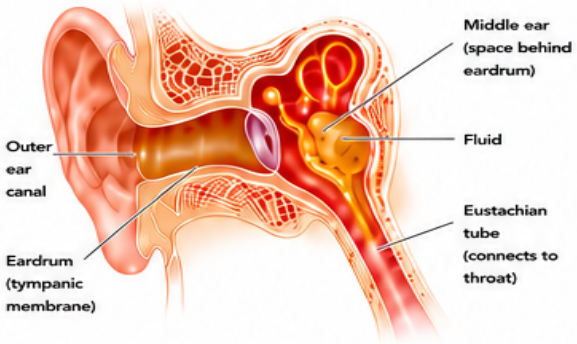
Young children have a short, flat Eustachian tube connecting the middle ear to the throat. When a cold causes swelling, fluid gets trapped behind the eardrum and can become infected.

Why It Matters:

Ear infections are painful and disruptive. Knowing when to seek care and what to expect helps families act confidently without unnecessary worry.

2 CENTRAL ILLUSTRATION

Most ear infections start when fluid gets trapped behind the eardrum after a cold.



3 WHAT'S HAPPENING IN THE BODY

- A cold or respiratory infection causes swelling in the Eustachian tube.
- The swollen tube traps fluid in the middle ear space behind the eardrum.
- Bacteria or viruses in the fluid multiply, causing infection and inflammation.
- The eardrum becomes red, bulging, and painful.
- In some cases the eardrum ruptures, releasing fluid and often relieving pain.

4 COMMON CAUSES / TRIGGERS

- Recent cold or upper respiratory infection
- Young age (under 2 years most common)
- Daycare attendance
- Secondhand smoke exposure
- Bottle feeding while lying flat
- Pacifier use after 6 months

5 SIGNS & SYMPTOMS

Ear infections commonly cause ear pain, fussiness, fever, and sleep disruption in young children.

TYPICAL SYMPTOMS

- ✓ Ear pain or tugging/pulling at the ear
- ✓ Fussiness or unusual crying
- ✓ Fever (mild to moderate)
- ✓ Trouble sleeping
- ✓ Difficulty hearing
- ✓ Fluid draining from the ear

LESS COMMON / MORE CONCERNING

- ⚠ High or persistent fever
- ⚠ Swelling or redness behind the ear
- ⚠ Facial weakness or drooping
- ⚠ Dizziness or balance problems
- ⚠ Stiff neck or severe headache

6 WHAT TO EXPECT AT URGENT CARE

- Review of symptoms and the child's overall appearance
- Ear exam with an otoscope to view the eardrum
- Assessment of fever, pain level, and which ear(s) are affected
- Treatment decision based on age and severity — clinician will decide
- Pain management guidance
- Follow-up instructions

7 WHEN TO SEEK CARE

WHAT YOU CAN DO AT HOME

- ✓ Offer age-appropriate pain relief as directed by your clinician
- ✓ Apply a warm compress to the ear for comfort
- ✓ Keep your child well hydrated and resting
- ✓ Do not put anything inside the ear canal
- ✓ Do not use ear drops unless the clinician directs you to
- ✓ If fluid is draining from the ear, keep the ear dry
- ✓ Watch for worsening symptoms or high fever

Home care can help manage mild symptoms. If symptoms worsen or do not improve within 2–3 days, seek medical

WHEN TO GO TO URGENT CARE

Go if your child has:

- Child under 6 months with ear symptoms
- Moderate to severe ear pain
- Fever with ear pain
- Inconsolable fussiness or significant sleep disruption
- No improvement after 2–3 days
- Fluid draining from the ear
- Recurrent ear infections

Urgent care can examine the ear, confirm the diagnosis, and guide treatment for your child.

WHEN TO GO TO THE ER

- ⚠ Swelling, redness, or bulging behind the ear
- ⚠ Facial drooping or weakness
- ⚠ Stiff neck or severe headache
- ⚠ Child appears very ill, lethargic, or is difficult to rouse
- ⚠ High fever not responding to fever reducers
- ⚠ Sudden significant hearing loss
- ⚠ Dizziness with vomiting

These may be signs of a serious complication requiring emergency evaluation. Do not delay.

8 EXPECTED COURSE / TIMELINE

Days 1–3	Days 3–7	Week 1–2	Beyond 2 weeks
Pain and fever typically peak then begin to improve	Most symptoms resolve in mild cases	Some fluid behind the eardrum may persist—mild temporary hearing reduction is normal	Persistent symptoms or recurrent infections should be discussed with your child's pediatrician

Interpretation: Most ear infections improve within a week. Symptoms that worsen or fail to improve should be re-evaluated.

9 EASY TO CONFUSE WITH

Swimmer's Ear (Otitis Externa)

Outer ear canal infection. Pain worsens when the outer ear is touched or pulled. No middle ear fluid.

Teething

Causes fussiness and ear pulling in infants but no fever, no true ear pain, and a normal eardrum on exam.

Eustachian Tube Dysfunction

Fluid or pressure behind the eardrum without active infection. Less acute pain, typically no fever.

10 QUICK FACTS

- Otitis media is one of the most common reasons children visit urgent care.
- Most children have at least one ear infection before age 3.
- The Eustachian tube in young children is shorter and more horizontal than in adults, making infections more likely.
- Fluid draining from the ear usually means the eardrum has ruptured—this typically relieves pain and is not an emergency.

11 PREVENTION & PRACTICAL TIPS

- Keep vaccinations current, including pneumococcal and flu vaccines
- Breastfeed when possible
- Avoid bottle feeding while lying flat
- Limit pacifier use after 6 months
- Keep children away from secondhand smoke.
- Practice good hand hygiene to reduce respiratory illness spread

12 WARNING SIGNS RECAP

- ⚠ Swelling, redness, or bulging behind the ear
- ⚠ Facial drooping or weakness
- ⚠ Stiff neck or severe headache
- ⚠ Child appears very ill or is difficult to rouse
- ⚠ High fever not responding to fever reducers
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