

Recurrent ear infection in child

history/ HPI

main Symptom(pain, discharge, feeding Patterns, fever and lethargy)

onset

duration

use AB past

frequency and it's period

Recent infection URTI(Cold, cough)

State of hearing, speech and language develop.(Compare with children's family or at school)→ Teachers noticed anything?

PMhx

Immunization

ass. with other infection →Suggest Immuno Compromise

Full-term baby(Fetal and neonatal hx)

hx of Snore at night (OSA, nasal obstruction)→ predispose AOM, OME

Drug hx, family hx, social hx

AOM→ most common in this age group, **Otitis externa**→rare in childhood **AOM**→ inflammation of middle ear with both local and systemic symp. (oralgia, discharge, fever, nausea and decrease appetite **Causative agent**→ viral (respiratory Syncytial V, adenovirus) **Bacterial** →(Streptococcus pneumoniae, Haemophilus influenzae)

Treatment

Any child less than 18 months old. with AOM→ Treated with AB in older children → watchful waiting period of 48-72 hrs- if no response→ AB

Recurrent AOM→ daily low dose Amoxicillin, Screen for ImmunoCompromise→ S. Ig levels

Maryngotomy and grommet→ for children with recurrent disease

Exam.→ full HN exam.(ear, mouth(cleft palate), nose(obstruction)

Invx.→ perform age - appropriate hearing tests