

Otitis externa (swimmers ear) - Advice Sheet

Advice for parents and carers



Otitis externa is an infection of the skin of the ear canal and is common in children and adults. It occurs more commonly when water enters the ear canal, such as after swimming. When the ear canal is wet for a long periods of time, the skin becomes soft and 'soggy', which makes it an ideal environment for infection. Otitis externa is usually one-sided.

When should you worry?

If your child has any of the following:

- Is going blue around the lips
- Has pauses in their breathing (apnoeas) or has an irregular breathing pattern
- Too breathless to talk/eat or drink
- Becomes pale, mottled and feels abnormally cold to touch
- Has a fit / seizure
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'Glass Test')
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features)



RED

You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999

If your child has any of the following continued:

- Develops swelling behind the ear or increasing pain / redness behind the ear
- Develops dizziness or is losing their balance
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down
- Is complaining of a severe headache and neck stiffness/pain or discomfort with bright lights (photophobia)
- Is having breathing problems, such as rapid, shortness of breath or laboured breathing (drawing in of muscles below the lower ribs when they breath in)
- Seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours)
- Has extreme shivering or complains of muscle pain
- Is 3-6 months of age with a temperature of 39°C / 102.2°F or above (but fever is common in babies up to 2 days after they receive vaccinations)
- Signs of otitis externa and fever of 38.0°C or above
- Is getting worse or if you are worried



AMBER

You need to contact a doctor or nurse today.

Please ring your GP surgery or contact NHS 111 - dial 111 or for children aged 5 years and above visit [111.nhs.uk](https://www.nhs.uk)

- If none of the above features are present



GREEN

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

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Symptoms of otitis externa

- Pain and tenderness in the ear canal
- Itchiness
- Foul smelling yellow or green pus in the ear canal
- Reduced hearing/'blocked ear'
- Noises inside the ear, such as buzzing, humming or ringing (tinnitus).

Treatment

Most children with otitis externa do not need antibiotics. That's because research has shown that antibiotics make very little difference to how quickly your child gets better. If you think that your child has otitis externa, you should consider using 2% acetic acid ear drops (e.g. Earcalm), which is an effective treatment for otitis externa. These are available without a prescription from your pharmacist. If your child is still no better after a week of using acetic acid drops, they should see a GP who may consider starting them on antibiotic ear drops.

If your child has redness extending to the skin around the ear (cellulitis), go and see your GP as they may need treatment with oral antibiotics. In addition, if your child has any features of severe infection (amber or red features above), they will need to be urgently seen by a healthcare professional who may decide that your child may benefit from antibiotic treatment.

You can help relieve symptoms by;

- Giving your child paracetamol or ibuprofen if they have a fever
- Encourage your child to drink plenty of fluids

Prevention

It is not possible to prevent ear infections; however, you can do things that may reduce your child's chances of developing the condition.

- Avoid cleaning your child's ears with cotton buds – this may damage and irritate the ear canal and pushes wax further into the ear. Wax is designed to come out by itself.
- Try not to let soap or shampoo get into your child's ear canal
- Try to keep your child's ears dry; if water gets in, tip it out as soon as possible. However, this can be extremely challenging in young children!
- Ensure your child is up-to-date with their immunisations
- Avoid exposing your child to smoky environments (passive smoking)