

Acute Otitis Media in Children

Sample Responses to Patient Portal Messages

The following are examples of asynchronous messages (e.g., MyChart messages) received by telemedicine clinicians for children diagnosed with acute otitis media. The messages below assume a diagnosis of acute otitis media has already been established after a virtual visit. The responses below assume a clinician is responding to the family members of pediatric patients. Family members should be strongly discouraged from sending asynchronous messages for urgent concerns.

Responses Intended for the Family Members of Pediatric Patients¹⁻⁸

- **“My child has a bacterial ear infection. How long will it last?”**
 - **Possible response:** Bacterial ear infections may take longer to resolve, but with antibiotics, most children start feeling better within 48–72 hours. If your child’s symptoms are not improving or seem to get worse after a few days, please reach out to us for further evaluation.
- **“My child has a viral ear infection. How long will it last?”**
 - **Possible response:** Viral ear infections usually improve within 2–3 days, but some symptoms can persist for up to a week. If your child’s symptoms are not improving or seem to get worse after a few days, please reach out to us for further evaluation.
- **“My child is still having a lot of ear pain. What should we do?”**
 - **Possible response:** “I am sorry to hear that. For children with fever, consider administering acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil® or Motrin®). Always follow the instructions on the label to ensure appropriate pediatric dosing is being administered. Also, try to keep your child’s head elevated, as this can help relieve some of the pressure in the ear. If your child is younger, distractions like a favorite toy or movie can help ease the pain. If the pain persists or worsens after 2–3 days, it’s important to schedule an in-person appointment for further evaluation.”
- **“How will the ear infection affect my child’s hearing?”**
 - **Possible response:** “An ear infection can temporarily affect hearing, usually due to fluid buildup or inflammation in the middle ear. This type of hearing loss is typically temporary and resolves once the infection clears up. However, if the ear infection becomes recurrent, it may impact hearing. If you’re concerned about your child’s hearing, we can refer your child for a hearing test to monitor their progress and make sure there are no long-term effects.”

- **"When should my child see a doctor again?"**
 - **Possible response:** "If your child worsens or fails to improve within 48–72 hours of starting antibiotics; if your child is becoming confused, lethargic, or increasingly tired; or if your child is ill appearing, please take your child for an in-person visit. If your child is acting relatively normal, the followup in-person visit can be with the pediatrician. However, if your child is confused or lethargic, we would suggest taking your child to the emergency department."
- **"Can I prevent ear infections in the future?"**
 - **Possible response:** "While some children may be more prone to ear infections, there are a few steps you can take to reduce the risk. Make sure your child avoids secondhand smoke: smoking increases the risk of ear infections in children. For younger infants, breastfeeding for the first 6 months of life may help protect babies from ear infections. Encourage frequent hand washing to reduce the spread of germs. Make sure your child is up to date with vaccinations, including the flu shot, as respiratory infections can lead to ear infections."

References

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