# Tonsillitis

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Tonsillitis is **inflammation of the tonsils**, two oval-shaped pads of tissue at the back of the throat — one tonsil on each side.

## Symptoms:

1. Red, swollen tonsils
2. White or yellow coating
3. Fever
4. Sore throat
5. Difficult or painful swallowing
6. Enlarged, tender glands (lymph nodes) in the neck
7. Bad breath
9. Stiff neck
10. Headache

## Causes

Common viruses most often cause tonsillitis, but bacterial infections can also be the cause. The most common bacterium causing tonsillitis is **Streptococcus pyogenic** (group A **streptococcus**),

## Risk factors

- **Young age.** Tonsillitis caused by bacteria is most common in children ages 5 to 15, while viral tonsillitis is more common in younger children.
- **exposure.** School-age children are in close contact with their peers and frequently exposed to viruses or bacteria that can cause tonsillitis.

## Complications

1. Difficulty breathing
2. Disrupted breathing during sleep (obstructive sleep apnea)
3. Infection that spreads deep into surrounding
4. Infection that results in a collection of pus behind a tonsil (peritonsillar abscess)

## Tests and diagnosis

**1. Throat swab**

**2. Complete blood cell count (CBC).**

3. Physical Examination

## Nursing care and Treatment

**1. Antibiotics**

Bacterial infection, doctor will prescribe a course of antibiotics. **Penicillin** taken by mouth for **10 days** is the most common antibiotic treatment prescribed for tonsillitis caused by group A streptococcus. If child is **allergic to penicillin**, doctor will prescribe an alternative antibiotic.

**2. Surgery**

Surgery to **remove tonsils** (tonsillectomy) may be used to treat frequently recurring tonsillitis, chronic tonsillitis **or bacterial tonsillitis that doesn't respond to antibiotic treatment**. **Frequent tonsillitis is generally defined as:**

1. More than **seven** episodes in one year
2. More than four to five episodes a year in each of the **preceding two years**

A tonsillectomy may also be performed if tonsillitis results in difficult-to-**manage complications, such as:**

1. Obstructive sleep apnea
2. Breathing difficulty
3. Swallowing difficulty, especially meats and other chunky foods
4. An abscess that doesn't improve with antibiotic treatment

Tonsillectomy is usually done as an outpatient procedure. That means child should be able to go home the day of the surgery. A complete recovery usually takes seven to **14 days.**

## Prevention

1. Wash hands thoroughly and frequently, especially after using the toilet and before eating
2. Avoid sharing food, drinking glasses, water bottles
3. To help child prevent the spread of a bacterial or viral infection to others:

A. Keep child at home when he or she is ill

B. Teach child to cough or sneeze into a tissue or, when necessary, into his or her elbow

C. Teach your child to wash his or her hands after sneezing or coughing

# Acute Otitis Media

is a painful type of ear infection. It occurs when the area behind the eardrum called the middle ear becomes inflamed and infected.

## Symptoms of Acute Otitis Media

Infants and children may have one or more of the following symptoms:

1. crying 2. irritability 3. sleeplessness 4.pulling on the ears
5. ear pain 6. a headache 7.neck pain 8.a feeling of fullness in the ear
9. fluid drainage from the ear a fever 10.vomiting 11. diarrhea 13. a lack of balance 14.hearing loss

## Causes Acute Otitis Media

The Eustachian tube القناة السمعيةcan become swollen or blocked for several reasons:

1. Allergies 2. a cold 3.a sinus infection 4.infected or enlarged adenoids
5. Cigarette smoke 6. Drinking while laying down (in infants) 7.the flu

## Risk for Acute Otitis Media

The risk factors for AOM include:

1. Being between 6 and 36 months old 2. Using a pacifier 3.attending daycare
4. Being bottle fed instead of breastfed (in infants) 5.drinking while laying down (in infants)
6. Being exposed to cigarette smoke 7.being exposed to high levels of air pollution
8. Experiencing changes in altitude 9. Cold climate 10.having had a recent cold, flu, sinus, or ear infection

## Acute Otitis Media Diagnosed

The following methods to diagnose AOM:

**1. Otoscope**

The child's doctor uses an instrument called an otoscope to look into the child's ear and detect:

1. Redness 2.swelling 3.blood 4. pus 5.air bubbles fluid in the middle ear
6. Perforation of the eardrum

**2. Tympanometry**

During a tympanometry test, the child's doctor uses a small instrument to measure the air pressure in the child's ear and determine if the eardrum is ruptured.

**3. Reflectometry**

During a reflectometry test, child's doctor uses a small instrument that makes a sound near child's ear. Child's doctor can determine if there is fluid in the ear by listening to the sound Reflected back from their ear.

**4. Hearing Test**

the doctor may perform a hearing test to determine if the child is experiencing hearing loss

Acute Otitis Media Treated?

**<u>Treatments for AOM include:</u>**

**1. Home Care**

Doctor may suggest the following home care treatments to relieve your child's pain while waiting for the AOM infection to go away:

1. Applying a warm, moist washcloth over the infected ear
2. Using over-the-counter (OTC) ear drops for pain relief
3. Taking OTC pain relievers such as ibuprofen (Advil, Motrin) and acetaminophen (Tylenol)

**2. Medication**

doctor may also prescribe eardrops for **pain relief and other pain relievers**. doctor may prescribe antibiotics if the symptoms don't go away after a few days of home treatment.

**3. Surgery**

The doctor may recommend surgery if your child's infection doesn't respond to treatment or if your child has recurrent ear infections. Surgery options for AOM include:

**4. Adenoid Removal ازالة الزائدة الانفية**

The child's doctor may recommend that the child's adenoids be surgically removed if they are enlarged or infected and the child has recurrent ear infections.

**5. Ear Tubes**

Doctor may suggest a surgical procedure to insert tiny tubes in child's ear. The tubes allow air and fluid to drain from the middle ear.

**<u>Prevent Acute Otitis Media</u>**

Can reduce the chances of the child having AOM by doing the following:

1. wash hands and toys frequently to reduce the chances of getting a cold or other respiratory infection
2. avoid cigarette smoke
3. get seasonal flu shots and pneumococcal vaccines
4. breastfeed infants instead of bottle feeding them if possible
5. avoid giving your infant a pacifier