

not be administered to family members of individuals who are immunocompromised. Patients who have had anaphylactic reactions to egg protein should not receive either influenza vaccine. A referral to a pediatric allergy specialist should be considered for evaluation and testing.

## **Nursing Care Management**

Nursing care is the same as for any child with a URI, including implementing measures to relieve symptoms. The greatest danger to affected children is development of a secondary infection.

Prolonged fever or the appearance of fever during early convalescence is a sign of secondary bacterial infection and should be reported to the practitioner for antibiotic therapy. In very severe cases, children may require ventilatory assistance or even extracorporeal membrane oxygenation (ECMO).

## **Otitis Media**

OM is the presence of fluid in the middle ear along with acute signs of illness and symptoms of middle ear inflammation ([Klein and Pelton, 2013](#)). The standard terminology used to define OM is outlined in [Box 21-5](#). OM is one of the most prevalent diseases of early childhood. Its incidence is highest in the winter months. Many cases of bacterial OM are preceded by a viral respiratory infection. The two viruses most likely to precipitate OM are RSV and influenza. Most episodes of acute otitis media (AOM) occur in the first 24 months of life, but the incidence decreases with age except for a small increase at 5 or 6 years old when children enter school. OM occurs infrequently in children older than 7 years old.

Preschool-age boys are affected more frequently than preschool-age girls. Children who have siblings or parents with a history of chronic OM have a higher incidence of OM. Children living in households with many members (especially smokers) are more likely to have OM than those living with fewer persons. Passive smoking increases the risk of persistent middle ear effusion by enhancing attachment of the pathogens that cause otitis to the respiratory epithelium in the middle ear space, by prolonging the inflammatory response, and by impeding drainage through the eustachian tube ([Lieberthal, Carroll, Chonmaitree, et al, 2013](#)).