When Your Child Has an Object in the Ear or Nose

Children often put small objects such as food or toys in their ears or nose. If these objects get stuck, fluid can build up in the ear or nose. This can cause an infection.

An object put in the nose can even be inhaled into the lungs. An object in the ear may put a hole in (puncture) the eardrum or cause hearing loss. An object can also harm body tissue and may be hard to remove.

Symptoms of blockage in the ear or nose

Your child may have an object stuck in an ear if they have any of the following:

- Pain in the ear
- Fluid draining from the ear
- Hearing loss
- Irritation. The child may pick at or play with the ear.

Your child may have something stuck in the nose if they have any of the following:

- Bad smelling, yellowish, or bloody fluid draining from the nose
- Blocked breathing from one side of the nose

A blockage sometimes causes no symptoms at all.

Note on batteries

Keep small batteries away from small children. These batteries include those used in watches, cameras, and hearing aids. These button-like batteries can easily get stuck in the ear or nose. If they become stuck, acid from the battery can leak out and burn the inside of the ear or nose. So be sure to store these batteries properly. When they are no longer needed, throw them away properly.

If an object is stuck in an ear or nose

- Don't try to remove the object. This can push the object in farther and make it harder to remove.
- Don’t use a cotton swab to remove the object. You will only push the object in farther.
- Don’t pour anything into the ear or nose.

Trying to remove the object without the proper tools can also make your child’s ear or nose sore and painful. This will make your child less likely to cooperate when the healthcare provider later tries to remove the object.

Instead, call your child's healthcare provider or go to the emergency room. The provider may have you bring the child to the office or refer you to an ear, nose, and throat (ENT) doctor (otolaryngologist). An ENT doctor has the tools needed to remove the object.

Call 911 or go to the nearest emergency room if your child has any trouble breathing.

What the healthcare provider will do

The healthcare provider will remove the object using the proper tools. If your child is fussing and can't stay still, they may need to swaddle or gently restrain your child to prevent damaging the ear or nose. If your child can't stay calm, they may need general anesthesia. This is medicine that allows your child to sleep. If anesthesia is used, your child will be taken to the operating room to have the object removed. Once the object is removed, the healthcare provider may prescribe medicines or ointment to prevent infection. Use the medicine on your child as directed. And call the healthcare provider if you see any signs of infection such as fever (see Fever and children, below) or soreness of the ear or nose.

Preventing future blockages

To help prevent objects from getting stuck in your child's ear or nose:

- Keep small objects away from children.
- Don't use cotton swabs to clean your child's ear canals. They tend to push in wax and can harm the eardrum. Instead, use a washcloth wet with warm water and soap. Then rinse and wipe the ear with a towel.

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.
- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use a rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below is when to call the healthcare provider if your child has a fever. Your child's healthcare provider may give you different numbers. Follow their instructions.

When to call a healthcare provider about your child's fever

For a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher
- A fever of _____as advised by the provider

For a child age 3 months to 36 months (3 years):

- Rectal or forehead: 102°F (38.9°C) or higher
- Ear (only for use over age 6 months): 102°F (38.9°C) or higher
- A fever of _____ as advised by the provider

In these cases:

- Armpit temperature of 103°F (39.4°C) or higher in a child of any age
- Temperature of 104°F (40°C) or higher in a child of any age
- A fever of _____ as advised by the provider