

Antibiotics and Your Child



Is an antibiotic the right treatment for your child? That depends. Antibiotics are powerful medicines, but they don't always work. First, your pediatrician will need to find out what's making your child sick. It's important that antibiotics are taken only if needed and just as your pediatrician tells you. When antibiotics aren't used the right way, they can do more harm than good.

The following are answers to common questions about the use of antibiotics. Talk with your pediatrician if you have other questions or concerns.

Q: When do antibiotics work?

A: Antibiotics only work for infections caused by certain bacteria. They don't work on viruses.

Bacteria cause many ear infections, some sinus infections, and pneumonia. They also cause strep throat and urinary tract and skin infections. Keep in mind that all prescribed doses of an antibiotic should be finished. If your child stops taking the medicine too soon, the infection could start again.

Viruses cause all colds and flu, most coughs, and most sore throats. There's no medicine to cure infections caused by viruses. However, you can help your child feel better while the illness runs its course. Your pediatrician may suggest ways you can ease the symptoms.

Q: When are antibiotics harmful?

A: Antibiotics can kill or slow down certain bacteria from growing, but each time they're used there's a chance that resistant bacteria will develop. These resistant bacteria are more likely to cause your child's next infection and may make it harder to treat your child the next time. A few bacterial infections have already become resistant to many antibiotics and are untreatable. There's a growing concern that more bacterial infections will become untreatable by commonly prescribed antibiotics.

Q: What are resistant bacteria?

A: Resistant bacteria are bacteria that are no longer killed by most antibiotics. Repeated use and misuse of antibiotics are some of the main causes of the increase in resistant bacteria. These resistant bacteria can also be spread to other children and adults.

Q: Can resistant bacteria be treated?

A: Some resistant bacteria can be treated with stronger medicines. These medicines may need to be given by vein (IV) in the hospital. To lower your child's risk of infection caused by resistant bacteria, use antibiotics only when they are needed.

Using antibiotics safely

Keep the following in mind if your child gets sick:

- **Antibiotics aren't always the answer when your child is sick.** Ask your pediatrician what the best treatment is for your child.
- **Antibiotics only treat bacterial infections.** They don't work on colds and flu.
- **Finish all prescribed doses of an antibiotic.** If your child feels better and stops the medicine too soon, the infection could return.
- **Throw away unused antibiotics.** Never save antibiotics for later use.

Q. What are the side effects?

A: Side effects may include nausea, diarrhea, and stomach pain. Some people may have an allergic reaction that causes a rash, itching, or hives. In severe cases, some people may have trouble breathing. Some antibiotics kill "good" bacteria that help our bodies. When this happens the helpful bacteria are replaced by bacteria and yeast that can cause diarrhea or skin or mouth infections. Always let your pediatrician know if your child has any side effects.

Q: What if my child has an ear infection and is in pain?

A: Despite what you may think, antibiotics may not help your child's ear infection. One reason is that bacteria don't cause all ear infections. Your pediatrician will decide what the best treatment is for your child. Some children with a low fever and mild symptoms may be observed without antibiotics; some children with bacterial infections may not be given antibiotics right away. Because pain is often the first and most uncomfortable symptom of ear infection, it's important to help comfort your child by giving her pain medicine. In most cases, your child will feel better after the first 1 to 2 days.

Acetaminophen and ibuprofen are over-the-counter pain medicines that may help lessen much of the pain. Be sure to use the right dose for your child's age and size. There are also eardrops that may help ear pain for a short time. Ask your pediatrician whether these drops should be used. Over-the-counter cold medicines (decongestants and antihistamines) don't help clear up ear infections.

Q: If some viral infections lead to bacterial infections, why doesn't my pediatrician prescribe antibiotics?

A: Most viral infections in children don't develop into bacterial infections. Treating viral infections with antibiotics may occasionally lead to an infection caused by resistant bacteria instead of stopping an infection. Let your pediatrician know if the illness gets worse or lasts a long time so that the right treatment can be given as needed.

Q: Doesn't yellow or green mucus mean that my child has a bacterial infection?

A: No, it's normal for the mucus to change from clear to yellow or green. Mucus gets thick and changes color during a viral cold as part of the normal healing process.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

