Acute Otitis Media (AOM)

**DIAGNOSIS**

**Is criteria for AOM met?**

Middle ear effusion AND ANY of the following:
- Moderate/severe bulging of TM
- Mild bulging of TM with new pain
- Mild bulging of TM with severe erythema
- New otorrhea (without otitis externa)

**Is criteria for severe AOM met?**

ANY of the following:
- Temperature ≥ (102.2° F) 39 ° C
- Moderate/severe otalgia
- Otalgia for > 48 hours
- Otorrhea

- **no** → ADDRESS pain; CONSIDER other diagnosis

- **yes** → Bilateral infection?

- **no** → Age of patient
  - ≥ 24 months
  - 6–23 months

- **yes** → Diagnosis severe AOM

  **no** → Diagnosis mild or moderate AOM

**TREAT with antibiotics (see page 2)**

**CONSIDER observation and delayed antibiotic prescription (see page 2)**

**PREVENTION tips:** Vaccines; exclusive breastfeeding for at least 6 months; smoking cessation for parents; avoid supine bottle feeding; hand washing.

**Recurrent AOM:** Restart algorithm if new infection. Do NOT prescribe prophylactic antibiotics. Recommend PE tubes only after 3 AOM episodes requiring antibiotics in 6 months, or 4 in 1 year.
CONSIDER the following when using observation and delayed prescription:

- **USE** shared decision-making process involving provider and parent.
- **CLEARLY COMMUNICATE** to parents the specific signs and symptoms to watch for during the observation period. Recommend over-the-counter pain relief medication.
- **GIVE DELAYED ANTIBIOTIC PRESCRIPTION** that can be filled if patient does not improve, or worsens within 48–72 hours.

### ANTIBIOTICS

<table>
<thead>
<tr>
<th>NO penicillin allergy</th>
<th>YES penicillin allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First-line choices:</strong></td>
<td><strong>First-line choice:</strong></td>
</tr>
<tr>
<td>amoxicillin:&lt;sup&gt;2&lt;/sup&gt;</td>
<td>cefdinir:</td>
</tr>
<tr>
<td>45 mg/kg/dose orally two times per day (max 2 g/dose)</td>
<td>14 mg/kg/dose orally once per day (max 600 mg/dose)</td>
</tr>
<tr>
<td>amoxicillin-clavulanate:&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Alternatives if no improvement:</td>
</tr>
<tr>
<td>45 mg amox/kg/dose orally two times per day (max 2 g amox/dose)</td>
<td>ceftriaxone:&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Alternatives if no improvement:</strong></td>
<td>50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000 mg/dose)</td>
</tr>
<tr>
<td>ceftriaxone:</td>
<td>clindamycin:</td>
</tr>
<tr>
<td>50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000 mg/dose)</td>
<td>10 mg/kg/dose orally three times per day (max 300 mg/dose)</td>
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<tr>
<td>clindamycin with or without cefdinir:</td>
<td>Recommend over-the-counter pain relief medication in addition to antibiotics</td>
</tr>
<tr>
<td>10 mg clindamycin/kg/dose orally three times per day (max 300 mg/dose) if adding cefdinir see column on right for dosing information.</td>
<td></td>
</tr>
</tbody>
</table>

### Duration of oral antibiotics

- **Severe AOM**
  - Age < 2: 10 days
  - Age 2–5: 7 days
  - Age > 5: 5–7 days

- **Mild/moderate AOM**
  - Age < 2: 10 days
  - Age 2–5: 7 days
  - Age > 5: 5–7 days

1. Azithromycin is **NOT** recommended.
2. If patient has used amoxicillin in past 30 days, has conjunctivitis, has history of or current AOM that is refractory to amoxicillin consider using amoxicillin + clavulanate.
3. Ceftriaxone should be given for 3 days regardless of severity of AOM or age of patient.