

Acute Otitis Media (AOM)



Otitis Media
CPM

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)

no →

Address pain;
Consider other
diagnosis

yes ↓

Is criteria for severe AOM met?

ANY of the following:

- Temperature \geq (102.2°F) 39°C
- Moderate/severe otalgia
- Ootalgia for >48 hours
- Otorrhea

no →

Diagnosis mild or
moderate AOM

Age of
patient

6-23 months

no →

Consider observation
and delayed antibiotic
prescription (see page 2)

yes ↓

Diagnosis
severe AOM

yes ↓

TREAT with antibiotics
(see page 2)

yes →

Bilateral infection?

no →

\geq 24 months

Prevention tips: Vaccines; exclusive breastfeeding for at least 6 mos.; smoking cessation-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.

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TREATMENT

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.

ANTIBIOTICS¹

NO penicillin allergy

First-line choices

- amoxicillin²: 45 mg/kg/dose orally two times per day (max 2g/dose)
- amoxicillin-clavulanate²: 45 mg amox/kg/dose orally two times per day (max 2g amox/dose)

Alternatives if no improvement

- ceftriaxone: 50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000 mg/dose)
- clindamycin with or without cefdinir: 10 mg clindamycin/kg/dose orally three times per day (max 300 mg/dose) if adding cefdinir see column on right for dosing info.

YES penicillin allergy

First-line choice

cefdinir: 14 mg/kg/dose orally once per day (max 600mg/dose)

Alternatives if no improvement

- ceftriaxone³: 50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000mg/dose)
- clindamycin: 10 mg/kg/dose orally three times per day (max 300mg/dose)

Recommend over-the-counter pain relief medication in addition to antibiotics

Duration of oral antibiotics

| Severe AOM | Mild/Moderate AOM | |
|------------|-------------------|---------|
| 10 days | Age <2 | 10 days |
| | Age 2-5 | 7 days |
| | Age >5 | 5 days |

Duration of Ceftriaxone

3 days

1. Azithromycin is **NOT** recommended.
2. If patient has: used amoxicillin in past 30 days, has conjunctivitis, or has a history of or current AOM refractory to amoxicillin, consider using amoxicillin + clavulanate