

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 $\geq (102.2^{\circ}\text{F}) 39^{\circ}\text{C}$
- Moderate/severe otalgia
- Otalgia for >48 hours
- Otorrhea

no

Diagnosis mild or
moderate AOM

yes

Diagnosis
severe AOM

TREAT with antibiotics
(see page 2)

yes

Bilateral infection?

no

Consider observation
and delayed antibiotic
prescription (see page 2)

6-23 months

Age of
patient

 ≥ 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

Otitis Media
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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		YES penicillin allergy
First-line choices <ul style="list-style-type: none">• amoxicillin²: 45mg/kg/dose orally two times per day (max 2g/dose)• amoxicillin-clavulanate²: 45mg amox/kg/dose orally two times per day (max 2g amox/dose) Alternatives if no improvement <ul style="list-style-type: none">• ceftriaxone: 50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000mg/dose)• clindamycin with or without cefdinir: 10mg clindamycin/kg/dose orally three times per day (max 300mg/dose) if adding cefdinir see column on right for dosing info.		First-line choice cefdinir: 14 mg/kg/dose orally once per day (max 600mg/dose) Alternatives if no improvement <ul style="list-style-type: none">• ceftriaxone³: 50mg/kg/dose intravenously or intramuscularly once per day (max 1,000mg/dose)• clindamycin: 10mg/kg/dose orally three times per day (max 300mg/dose) <div>Recommend over-the-counter pain relief medication in addition to antibiotics</div>
Duration of oral antibiotics		Duration of Ceftriaxone
Severe AOM	Mild/Moderate AOM	
10 days	Age <2	10 days
	Age 2–5	7 days
	Age >5	5 days
		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