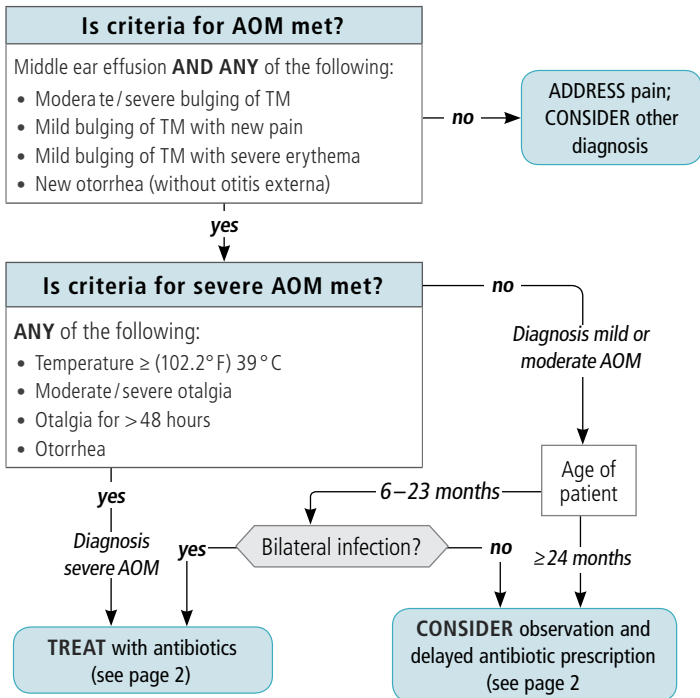


# Acute Otitis Media (AOM)

Otitis Media  
CPM

## DIAGNOSIS



**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.

# Acute Otitis Media (AOM)

## TREATMENT

**Otitis Media**  
**CPM**

### Observation and Delayed Prescription

**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 <sup>1</sup>			
NO penicillin allergy		YES penicillin allergy	
<b>First-line choices:</b> <b>amoxicillin<sup>2</sup>:</b> 45 mg/kg/dose orally two times per day (max 2 g/dose) <b>amoxicillin-clavulanate<sup>2</sup>:</b> 45 mg amox/kg/dose orally two times per day (max 2 g amox/dose) <b>Alternatives if no improvement:</b> <b>ceftriaxone:</b> 50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000 mg/dose) <b>clindamycin with or without cefdinir:</b> 10 mg clindamycin/kg/dose orally three times per day (max 300 mg/dose) if adding cefdinir see column on right for dosing information.		<b>First-line choice:</b> <b>cefdinir:</b> 14 mg/kg/dose orally once per day (max 600 mg/dose) <b>Alternatives if no improvement:</b> <b>ceftriaxone<sup>3</sup>:</b> 50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000 mg/dose) <b>clindamycin:</b> 10 mg/kg/dose orally three times per day (max 300 mg/dose)	
		Recommend over-the-counter pain relief medication in addition to antibiotics	
<b>Duration of oral antibiotics</b>	<b>Severe AOM</b>	<b>Mild/moderate AOM</b>	
	10 days	Age < 2	10 days
		Age 2–5	7 days
		Age > 5	5–7 days
1. Azithromycin is <b>NOT</b> 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.			