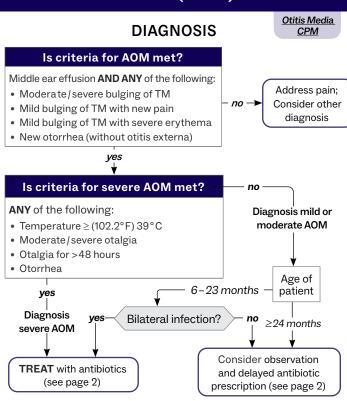
PEDIATRIC SUMMARY CARD

Acute Otitis Media (AOM)



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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PEDIATRIC SUMMARY CARD

Acute Otitis Media (AOM)



TRFATMENT



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

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- 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 (max300mg/dose) if adding cefdinir see column on right for dosing info.

Duration of oral antibiotics

Age <2

Age >5

Age 2-5

Mild/Moderate AOM

10 days

7 days

5 days

Severe AOM

10 days

YES penicillin allergy

First-line choice

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

Alternatives if no improvement

- ceftriaxone³: 50 mg/kg/dose intravenously or intramuscularly once per day (max 1,000 mg/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 Ceftriaxone

3	days
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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

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