## Judicious Use of Antibiotics for Acute Otitis Media (AOM)

## AOM = Acute Otitis Media AOE = Acute Otitis Externa OME = Otitis Media with Effusion Age 6 months to 12 years Severe signs = Fever >39 °C or moderate-severe otalgia<sup>1</sup> Viral etiology strongly with signs/symptoms of an or otalgia ≥48 hours suggested by concurrent NO ear infection: symptoms and exam: Watchful waiting = Initial observation fever, otalgia1, fussiness, Do not treat with antibiotics. po = by mouth sleep disturbance Note: Know seasonal epidemiology and when rapid diagnostic testing is warranted (RSV, influenza). Not AOM: Optimize management of a child with asthma. Additional symptoms suggestive of AOM: Do not treat with Moderate-severe TM bulging antibiotics. NO or mild bulging and recent otalgia1 onset or mild bulging and intense erythema If middle ear effusion only: or new onset otorrhea not due to AOE Do not treat OME with antibiotics. YES (AOM confirmed) Nonsevere Severe Age: ≥6 months Age: 6-23 months Age: ≥24 months Unilateral AOM without Severe signs **Bilateral AOM without** Without severe signs severe signs severe signs Watchful waiting preferred Fever ≥39°C or moderate-Fever <39°C and mild otalgia Watchful waiting preferred severe otalgia1 or Fever <39°C and mild otalgia or otalgia <48 hours otalgia¹ ≥48 hours Fever <39°C and mild otalgia or otalgia <48 hours or otalgia <48 hours Assess for initial High-Dose Amoxicillin<sup>2</sup> Watchful High-Dose Amoxicillin<sup>2</sup> High-Dose Amoxicillin<sup>2</sup> observation (watchful waiting waiting) 80-90 mg/kg/day po divided BID (max dose 2 g) 80-90 mg/kg/day po 80-90 mg/kg/day po <u>not</u> divided BID (max dose 2 g) divided BID (max dose 2 g Discuss with parents / chosen for 10 days for 10 days for 10 days caregivers. Mechanism for follow-up required. Footnotes: Watchful waiting chosen 1. Otalgia: May present as holding, tugging, rubbing of the ear in a nonverbal child. Pain relief is indicated for otalgia. 2. Alternate therapy is indicated if patient has history of: Amoxicillin treatment in last 30 days, concurrent purulent conjunctivitis, or history of recurrent AOM unresponsive to amoxicillin: Amoxicillin-clavulanate 90 mg/kg/day of amoxicillin with 6.4 mg/kg/day Symptoms persist or worsen over next 48-72 clavulanate po divided in 2 doses (max 2 g/dose) for 10 days. Symptoms improve over hours: • Severe or nonsevere penicillin allergy: Cefdinir 14 mg/kg/day po next 48-72 hours: Treat with High-Dose divided 1 or 2 doses (max dose 600 mg/day) for 10 days, or Amoxicillin<sup>2</sup>. Do not treat with cefpodoxime 10 mg/kg/day po divided BID (max 400 mg/dose) for 10 days, or ceftriaxone 50 mg/kg IM/IV per day (max 2 g/dose) for 1–3 antibiotics. 80-90 mg/kg/day po days, or cefuroxime 30 mg/kg/day po in 2 divided doses (max 500 divided BID (max dose 2 g) mg/dose) for 10 days. for 10 days Macrolides: Not recommended unless severe allergy to penicillin and





cephalsporins exist. Resistance is well known and treatment failures related

to macrolide resistance have occurred.

Reference: