

Judicious Use of Antibiotics for Acute Otitis Media (AOM)

Terms:

AOM = Acute Otitis Media

AOE = Acute Otitis Externa

OME = Otitis Media with Effusion

Severe signs = Fever $>39^{\circ}\text{C}$ or moderate-severe otalgia¹ or otalgia¹ ≥ 48 hours

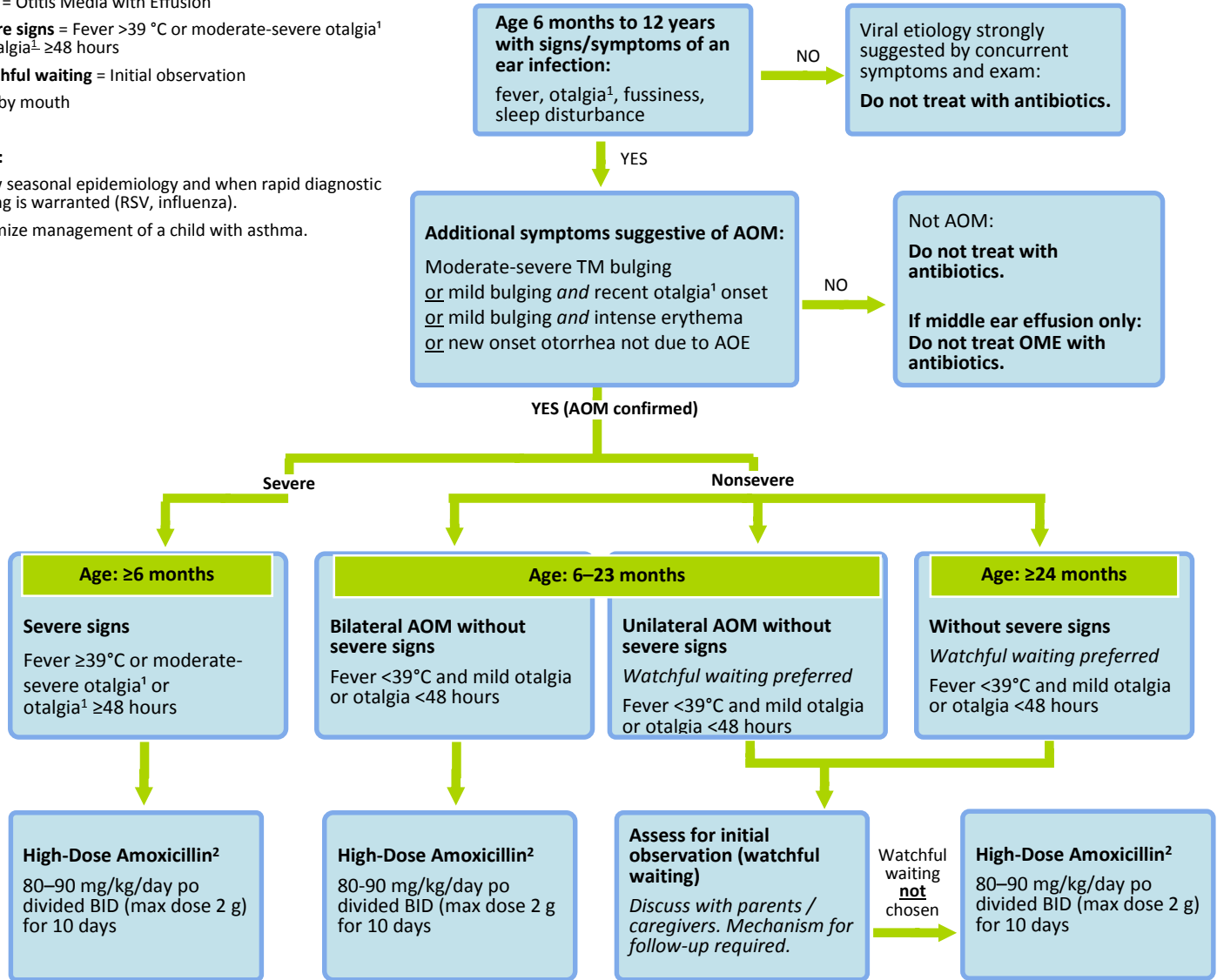
Watchful waiting = Initial observation

po = by mouth

Note:

Know seasonal epidemiology and when rapid diagnostic testing is warranted (RSV, influenza).

Optimize management of a child with asthma.



Footnotes:

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 clavulanate po divided in 2 doses (max 2 g/dose) for 10 days.

- **Severe or nonsevere penicillin allergy:** Cefdinir 14 mg/kg/day po divided 1 or 2 doses (max dose 600 mg/day) for 10 days, or 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 days, or cefuroxime 30 mg/kg/day po in 2 divided doses (max 500 mg/dose) for 10 days.

Macrolides: Not recommended unless severe allergy to penicillin and cephalosporins exist. Resistance is well known and treatment failures related to macrolide resistance have occurred.

Reference:

AAP Clinical Practice Guideline: The Diagnosis and Management of Acute Otitis Media *Pediatrics*. 2013;131(3):1451–1465

