

Data Collection Tool – Acute Otitis Media

Directions:

Pull 10 or more charts of patients diagnosed with Acute Otitis Media (AOM)

1) Over 6 months of age

2) Exclude patients with the following:

- tympanostomy (myringotomy) tubes;
- major congenital conditions;
- immunocompromised status

Questions for Patients Diagnosed with Acute Otitis Media

1. If [otalgia](#) was present, was pain treatment recommended?
☐ Yes ☐ No ☐ N/A, [otalgia](#) not present, or only mild pain
2. Were at least two of the following criteria for diagnosing AOM present upon the examination?
☐ Yes ☐ No
 - bulging of the tympanic membrane
 - erythema
 - recent (<48 hrs) onset of ear pain ([otalgia](#))
 - intense erythema
 - new onset of otorrhea, not due to acute otitis externa
3. Did the provider seeing the patient assess the patient for additional observation (ie, watchful waiting) criteria based on [Table 4: Recommendations for Initial Management for Uncomplicated AOM?](#)
☐ Yes ☐ No
4. Did the provider seeing the patient document in the medical record that this patient/family was instructed to call the practice if the patient has worsened or has not improved within 48-72 hours?
☐ Yes, verbal discussion and/or printed material provided and documented in the medical record
☐ No documentation
5. Did the provider seeing the patient [discuss](#) and document the following risks of antibiotic therapy with the patient/family?
☐ Yes ☐ No ☐ NA, no antibiotic prescribed

Should always be discussed:	Should be discussed if patient/family has concerns:
<ul style="list-style-type: none">• Side effects	<ul style="list-style-type: none">• Antibiotic resistance
<ul style="list-style-type: none">• Allergic reaction	

If Yes, or No selected, CONTINUE



If NA, no antibiotic prescribed STOP, you have completed your review of this patient.

Judicious Use of Antibiotics

6. What antibiotic was prescribed?
- a) ☐ amoxicillin
 - b) ☐ amoxicillin-clavulanate
 - c) ☐ cefdinir, cefuroxime, cefpodoxime, or ceftriaxone
 - d) ☐ [Other antibiotic chosen](#)
 - e) ☐ None, additional observation (watchful waiting) chosen

If options b, c or d is selected, **CONTINUE**



If option a) amoxicillin or e) None, additional observation (watchful waiting) chosen is selected **STOP**, you have completed your review of this patient.

7. If amoxicillin was not prescribed, what was the reason the patient was **not** treated with amoxicillin?
(Select all that apply).
- a) ☐ Patient experienced previous [severe](#) allergic reaction
 - b) ☐ Patient experienced previous [non-severe](#) allergic reaction
 - c) ☐ Patient has taken amoxicillin in the past 30 days, or has purulent conjunctivitis
 - d) ☐ Patient had previous adverse drug reaction with amoxicillin-clavulanate
 - e) ☐ Patient had known or suspected multi-drug resistant organism
 - f) ☐ None of the above

Judicious Use of Antibiotics

Appendix

Otalgia may present as holding, tugging, rubbing of the ear in a non-verbal child

TABLE 4

Recommendations for Initial Management for Uncomplicated AOM^a

Age	Otorrhea With AOM ^a	Unilateral or Bilateral AOM ^a With Severe Symptoms ^b	Bilateral AOM ^a Without Otorrhea	Unilateral AOM ^a Without Otorrhea
6 mo to 2 y	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or additional observation
≥2 y	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or additional observation	Antibiotic therapy or additional observation ^c

^a Applies only to children with well-documented AOM with high certainty of diagnosis (see Diagnosis section).

^b A toxic-appearing child, persistent otalgia more than 48 h, temperature ≥39°C (102.2°F) in the past 48 h, or if there is uncertain access to follow-up after the visit.

^c This plan of initial management provides an opportunity for shared decision-making with the child's family for those categories appropriate for additional observation. If observation is offered, a mechanism must be in place to ensure follow-up and begin antibiotics if the child worsens or fails to improve within 48-72 h of AOM onset.

Source: Lieberthal AS, Carroll AE, Chonmaitree T et al. [AAP Clinical Practice Guideline: The diagnosis and management of acute otitis media](#). *Pediatrics*. 2013;131(3);1451–1465

Discuss: Physicians may want to discuss risks of antibiotic therapy with patient/family, however, it is not required unless an antibiotic is prescribed.

Non-severe and severe allergic reactions:

- **Non-severe** symptoms include hives or pruritic (itchy) rashes.
- **Severe** symptoms include anaphylaxis, angioedema, throat tightening, wheezing plus shock, airway compromise, or cardiovascular collapse. Cardiac collapse requires intervention (eg epinephrine, corticosteroids, vasopressors).

Note: Side effects such as vomiting, abdominal pain, and diarrhea are *non-allergic*.

Reference: [AAP Clinical Practice Guideline: The Diagnosis and Management of Acute Otitis Media](#) *Pediatrics*; 2013; 131(3); 1451 -1465. March 2013.

Other antibiotic chosen:

Alternative Antibiotic:	Acceptable Reasons For Alternative Antibiotic:
levofloxacin, linezolid, or clindamycin	Patient experienced previous severe allergic reaction Patient had previous adverse drug reaction with amoxicillin-clavulanate Patient had known or suspected multi-drug resistant organism
azithromycin, trimethoprim-sulfamethoxazole, cephalexin, cefixime, tetracycline, ciprofloxacin, or moxifloxacin	These medications are considered broad-spectrum antibiotics and should not be prescribed for AOM