

# Judicious Use of Antibiotics

## 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"> <li>• Side effects</li> <li>• Allergic reaction</li> </ul>	<ul style="list-style-type: none"> <li>• Antibiotic resistance</li> </ul>

If Yes, or No selected, CONTINUE



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

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

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## 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<sup>a</sup>

Age	Otorrhea With AOM <sup>a</sup>	Unilateral or Bilateral AOM <sup>a</sup> With Severe Symptoms <sup>b</sup>	Bilateral AOM <sup>a</sup> Without Otorrhea	Unilateral AOM <sup>a</sup> 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 <sup>c</sup>

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

<sup>b</sup> 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.

<sup>c</sup> 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 <u>severe</u> 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