Measures

Track 2: 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

Aim	Data Collection Question	Measure	Goal
100% of patients with otalgia will have pain treatment recommended	1. If otalgia was present, was pain treatment recommended? O Yes O No O N/A, otalgia not present, or only mild pain	**Name**: Pain treatment recommended for otalgia **Definition**: Percentage of patients for whom pain treatment was recommended for otalgia **Source**: Question #1 **Numerator: Yes** selected in Question **#1** **Denominator:** Total Number of Charts **Minus N/A,** otalgia not present, or only mild pain selected in Question #1	100%

Aim	Data Collection Question	Measure	Goal
100% of patients diagnosed with AOM will have two or more of the following AOM criteria present upon examination: • 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	2. Were at least two of the following criteria for diagnosing AOM present upon the examination? O Yes O 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	**Name**: Appropriate diagnosis based on AOM criteria **Definition**: Percentage of patients diagnosed with AOM that had two or more AOM criteria present upon exam **Source**: Question #2 **Numerator: Yes** selected in Question **#2** **Denominator:** Total Number of Charts	100%
100% of patients will be assessed for the option of additional observation (ie, watchful waiting) criteria based on Table 4: Recommendations for Initial Management for Uncomplicated AOM	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? O Yes O No	**Name**: Additional observation (ie, watchful waiting) criteria assessed **Definition**: Percentage of patients who were assessed for additional observation (ie, watchful waiting) criteria based on Table 4: Recommendations for Initial Management for Uncomplicated AOM **Source**: Question #3 **Numerator: Yes,** selected in Question **#3** **Denominator:** Total Number of Charts	100%

Aim	Data Collection Question	Measure	Goal
100% of patient's medical records will have documentation that the patient/family was instructed to call if patient worsens or has not improved within 48-72 hours	4. Did the provider seeing the patient document in the medical record that this patient/family was instructed to call if patient worsens or has not improved within 48-72 hours? O Yes, verbal discussion, and/or printed material provided and documented in the medical record O No documentation	**Name**: 48- 72 hours follow-up plan documented **Definition**: Percent of patients with documentation that the patient/family were instructed to call if patient worsens or has not improved in 48-72 hours **Source**: Question #4 **Numerator: Yes,** Selected in Question **#4** **Denominator:** Total Number of Charts	100%
100% of patients prescribed antibiotics will have documentation that the risks of antibiotic therapy were discussed with the patient/family	5. Did the provider seeing the patient discuss and document the following risks of antibiotic therapy with the patient/family? O Yes O No O NA, no antibiotic prescribed <table><tr><td>**Should always be discussed**</td><td>**Should be discussed if patient/family has concerns:**</td></tr><tr><td>• Side effects</td><td>• Antibiotic resistance</td></tr><tr><td>• Allergic reaction</td><td></td></tr></table> **If Yes, or No selected, CONTINUE** **STOP** **If NA, no antibiotic prescribed STOP, you have completed your review of this patient.**	**Name**: Risks of antibiotic therapy discussed with patient/family **Definition**: Percentage of patients prescribed antibiotics with documentation that risks of antibiotic therapy were discussed with the patient/family **Source**: Question #5 **Numerator: Yes** selected in Question **#5** **Denominator:** Total Number of Charts **MINUS N/A, no antibiotic prescribed** selected in Question **#5** **NOTE:** Physicians may want to discuss risks of antibiotic therapy with patient/family, however, it is not required unless an antibiotic is prescribed	100%

Aim	Data Collection Question	Measure	Goal
80% of patients treated for AOM will have the appropriate antibiotic prescribed judiciously	6. What antibiotic was prescribed? a) O amoxicillin b) O amoxicillin-clavulanate c) O cefdinir, cefuroxime, cefpodoxime, or ceftriaxone d) O Other antibiotic chosen e) None, additional observation (watchful waiting) chosen **STOP** **If option a) amoxicillin; or e) None, additional observation is selected STOP, you have completed your review of this patient.** **If option b, c or d is selected, CONTINUE**	**Name**: Judicious use of antibiotics **Definition**: Percentage of patients prescribed antibiotics for AOM judiciously **Source**: Questions #6 & 7 **Numerator**: (**a**) amoxicillin selected in Question #**6**; **OR b**) amoxicillin-clavulanate selected in Question #**6 AND** reasons **a-e** selected in Question #**7** **OR c**) cefdinir, cefuroxime, cefpodoxime, or ceftriaxone selected in Question #**6 AND** reasons **a**, **b**, **d** or **e** selected in Question #**7** **Denominator**: Total number of charts **MINUS (e) None, additional observation (watchful waiting)** selected in Question #**6**	80%

Aim	Data Collection Question	Measure	Goal
	7. If amoxicillin was not prescribed, what was the reason the patient was **not** treated with amoxicillin? *(Select all that apply)* a) O Patient experienced previous severe allergic reaction b) O Patient experienced previous non-severe allergic reaction c) O Patient has taken amoxicillin in the past 30 days, or has purulent conjunctivitis d) O Patient had previous adverse drug reaction with amoxicillin-clavulanate e) O Patient had known or suspected multi-drug resistant organism f) None of the above	**Not Measured** **NOTE: This question is only asked if option a) amoxicillin is _not_ selected in Question #6**	

* Definitions and referrences available in the Appendix

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]

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*.

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-sulfamethoxasole, cephalexin, cefixime, tetracycline, ciprofloxacin, or moxifloxacin	These medications are considered broad-spectrum antibiotics and should not be prescribed for AOM

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®