**Antibiotic Decision Making for Acute Otitis Media (AOM)**

**Terms:**
- **AOM** = Acute Otitis Media
- **AOE** = Acute Otitis Externa
- **OME** = Otitis Media With Effusion

**Severe signs** = Fever >39°C or moderate-severe otalgia¹ or otalgia ≥48 hours

**Watchful waiting** = Initial observation

**po** = by mouth

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**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 BID (max 600 mg/day), or cefpodoxime 10 mg/kg/day po divided BID (max 400 mg/dose) or cefuroxime 30 mg/kg/day po in 2 divided doses (max 500 mg/dose) for the duration recommended for amoxicillin per algorithm above, or ceftriaxone 50 mg/kg IM/IV per day (max 2 g/dose) for 1–3 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**

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**Note:**
Know seasonal epidemiology and when rapid diagnostic testing is warranted (RSV, influenza). Optimize management of a child with asthma.

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**Additional symptoms suggestive of AOM:**
- Moderate-severe TM bulging or mild bulging and recent otalgia¹ onset or mild bulging and intense erythema or new onset otorrhea not due to AOE

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**Age 6 months to 12 years with signs/symptoms of an ear infection:**
- Fever, otalgia¹, fussiness, sleep disturbance

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**Not AOM: Do not treat with antibiotics**
If middle ear effusion only: Do not treat OME with antibiotics

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**High-Dose Amoxicillin²**
- 80–90 mg/kg/day po divided BID (max dose 2 g) for 10 days

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**Severe**

- **Severe signs**
  - Fever ≥39°C or moderate-severe otalgia¹ or otalgia ≥48 hours

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**Nonsevere**

- **Bilateral AOM without severe signs**
  - Fever ≥39°C and mild otalgia or otalgia <48 hours

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**Unilateral AOM without severe signs**
- Fever <39°C and mild otalgia or otalgia <48 hours
  - Watchful waiting preferred

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**Assess for initial observation (watchful waiting)**
- Watchful waiting not chosen
- Discuss with parents / caregivers. Mechanism for follow-up required.

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**High-Dose Amoxicillin²**
- 80–90 mg/kg/day po divided BID (max dose 2 g)
  - Duration:
    - 10 days if severe signs
    - 10 days if <2 years
    - 5–7 days if nonsevere and ≥6 years
    - 7 days if nonsevere and 2–5 years

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**Symptoms improve over next 48–72 hours:**
- Do not treat with antibiotics

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**Symptoms persist or worsen over next 48–72 hours:**
- Treat with High-Dose Amoxicillin²
  - 80–90 mg/kg/day po divided BID (max dose 2 g)
  - Duration:
    - 10 days if severe signs
    - 10 days if <2 years
    - 5–7 days if nonsevere and ≥6 years
    - 7 days if nonsevere and 2–5 years

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