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 °C or moderate-severe otalgia¹ or otalgia≥ 48 hours
Watchful waiting = Initial observation

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

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

Viral etiology strongly suggested by concurrent symptoms and exam:
- Do not treat with antibiotics.

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

Not AOM:
- Do not treat with antibiotics.

If middle ear effusion only:
- Do not treat OME with antibiotics.

Footnotes:
1. Otolgia: 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:

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