# ANMC Pediatric Acute Otitis Media (AOM) Treatment Guidelines

## Diagnosis Criteria
- New onset of otorrhea (not related to AOE)
- Mild TM bulging and recent (less than 48 hrs) onset of ear pain
- Moderate to severe TM bulging
- Intense erythema of the TM
- Presence of middle ear effusion

## Severe Symptoms
- Toxic-appearing child
- Persistent otalgia >48 hrs
- Temp ≥ 39°C (102.2°F) in past 48 hrs

## Observation Criteria
- Patient must have communication and access to healthcare provider
- Caregiver agrees with option

## Age Group

<table>
<thead>
<tr>
<th>Age</th>
<th>Otorrhea with AOM</th>
<th>Unilateral/Bilateral AOM with Severe Symptoms</th>
<th>Bilateral AOM without Otorrhea</th>
<th>Unilateral AOM without Otorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6 months</td>
<td>Antibiotic therapy</td>
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<tr>
<td>6 months – 2 years</td>
<td>Antibiotic therapy</td>
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<td>Antibiotic therapy</td>
<td>Observation or Antibiotic therapy</td>
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<tr>
<td>&gt;2 years</td>
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<td>Antibiotic therapy or Observation</td>
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</tr>
</tbody>
</table>

## Antibiotic Selection

### Initial

**Preferred Treatment**
- Amoxicillin 40-45mg/kg PO BID (max 1000 mg/dose)
  - or
- Amoxicillin/clavulanate 600mg/42.9mg
  - <40kg: 45mg/kg PO BID (max 875 mg/dose)
  - >40kg: 875mg PO BID

**PCN allergic ^**
- Cefuroxime[^] Tablet OR Cefprozil Suspension 15mg/kg PO BID (max 500 mg/dose)
  - or
- Cefdinir 7mg/kg PO BID (max 600 mg/day)
  - or
- Ceftriaxone 50mg/kg IM or IV daily for 1-3 days (max 2000mg/dose)

**Supportive Medications**
- Acetaminophen 15mg/kg PO q4-6hr PRN pain or fever, not to exceed 75mg/kg in 24 hours (max 4g in 24 hours)
- Ibuprofen 5-10mg/kg PO q8hr PRN pain or fever, not to exceed 30mg/kg in 24 hours (max 400mg/dose; 2400mg/day)

### Treatment Failure (48-72hrs AFTER initial abx failure)

- Amoxicillin/clavulanate (600mg/42.9mg) 45mg/kg PO BID (max 875 mg/dose)
  - or
- Ceftriaxone 50mg/kg IM or IV daily for 3 days (max 2000mg/dose)

**CONSIDERATIONS**

- Ensure vaccinations are up to date
- ^ Use Amoxicillin/clavulanate if patient received amoxicillin within last 30 days, or has a history of AOM unresponsive to amoxicillin, or has purulent conjunctivitis
- £ Cefuroxime oral suspension has been discontinued, consider cefprozil 15mg/kg PO BID (max dose 500mg) in children >6 months of age needing liquid antibiotic
- ^ Cefdinir, cefuroxime, cefpodoxime, cefprozil and ceftriaxone are highly unlikely to be associated with cross-reactivity with penicillin allergy on the basis of their distinct chemical structures.

Consider ENT referral if no sign of improvement after 48-72 hours WITH failure of alternative agent

ABX- antibiotic; AOE-Acute otitis externa; AOM-Acute otitis media; TM-Tympanic membrane

Antimicrobial Stewardship Approved 2018; Updated August 2021