ANMC Pediatric Acute Otitis Media (AOM) Treatment Guidelines

Diagnosis Criteria	Severe Symptoms	Observation Criteria
▪ New onset of otorrhea (not related to AOE) ▪ Mild TM bulging and recent (<48 hrs) onset of ear pain ▪ Moderate to severe TM bulging ▪ Intense erythema of the TM **PLUS** ▪ Presence of middle ear effusion	▪ Toxic-appearing child ▪ Persistent otalgia >48 hrs ▪ Temp ≥ 39° C (102.2° F) in past 48 hrs	▪ Patient must have communication and access to healthcare provider ▪ Caregiver agrees with option

Age	Otorrhea with AOM	Unilateral/Bilateral AOM with Severe Symptoms	Bilateral AOM without Otorrhea	Unilateral AOM without Otorrhea
<6 months	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy
6 months – 2 years	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or **OBSERVATION**
>2 years	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or **OBSERVATION**	Antibiotic therapy or **OBSERVATION**
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)			

Antibiotic Selection

	Initial	Treatment Failure (48-72hrs AFTER initial abx failure)
Preferred Treatment	**Amoxicillin** 40-45mg/kg/dose PO BID (max 1000 mg/dose) or ***Amoxicillin/clavulanate 600mg/42.9mg/5mL** <40kg: 45mg/kg/dose PO BID (max 875 mg/dose) >40kg: 875mg PO BID	**Amoxicillin/clavulanate (600mg/42.9mg/5mL)** 45mg/kg/dose PO BID (max 875 mg/dose) or **Ceftriaxone** 50mg/kg IM or IV daily for 3 days (max 2000mg/dose)
PCN allergic ^ (non-anaphylactic response)	**Cefuroxime£ Tablet OR Cefprozil Suspension** 15mg/kg/dose PO BID (max 500 mg/dose) or **Cefdinir** 14mg/kg PO Daily (max 600 mg/day) or **Ceftriaxone** 50mg/kg IM or IV daily for 1-3 days (max 2000mg/dose)	**Ceftriaxone** 50mg/kg IM or IV daily for 3 days (max 2000mg/dose) or **Clindamycin** 10mg/kg/dose PO TID (max 450mg/dose) or **Clindamycin PLUS (cefuroxime£, cefprozil, cefdinir or ceftriaxone)**

Duration of Therapy

<2 years: 10 days	**2-5 years:** 7 days	**≥6 years:** 5 days

CONSIDERATIONS

Tympanostomy tube consideration: **≥3 distinct episodes of AOM within 6 months or ≥4 episodes within 12 months**
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 consultation 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 2023

Reference: Pediatrics 2013: 131 (3): e964-e999.