

ANMC Pediatric Acute Otitis Media (AOM) Treatment Guidelines

Diagnosis Criteria	Severe Symptoms	Observation Criteria
<ul style="list-style-type: none"> ▪ 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 <li style="text-align: center;">PLUS ▪ Presence of middle ear effusion 	<ul style="list-style-type: none"> ▪ Toxic-appearing child ▪ Persistent otalgia >48 hrs ▪ Temp $\geq 39^{\circ}$ C (102.2$^{\circ}$ F) in past 48 hrs 	<ul style="list-style-type: none"> ▪ 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 <u>OBSERVATION</u>
>2 years	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or <u>OBSERVATION</u>	Antibiotic therapy or <u>OBSERVATION</u>

Antibiotic Selection

	Initial	Treatment Failure (48-72hrs AFTER initial abx failure)
Preferred Treatment	Amoxicillin 40-45mg/kg PO BID (max 1000 mg/dose) or *Amoxicillin/clavulanate 600mg/42.9mg <i><40kg:</i> 45mg/kg PO BID (max 875 mg/dose) <i>>40kg:</i> 875mg PO BID	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)
PCN allergic ^ (non-anaphylactic response)	Cefuroxime[£] 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)	Ceftriaxone 50mg/kg IM or IV daily for 3 days (max 2000mg/dose) or Clindamycin 10mg/kg PO TID (max 450mg/dose) or Clindamycin PLUS (cefuroxime[£], cefdinir or ceftriaxone)
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)	

Duration of Therapy		
<2 years: 10 days	2-5 years: 7 days	≥ 6 years: 5 days

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