# 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
- **<6 months**
- **6 months – 2 years**
- **>2 years**

<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>
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<tbody>
<tr>
<td>&lt;6 months</td>
<td>Antibiotic therapy</td>
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## Antibiotic Selection

### Initial

**Preferred Treatment**
- **<40kg**: Amoxicillin 40-45mg/kg PO BID (max 1000 mg/dose)
- **>40kg**: 875mg PO BID
- **6 months – 2 years**
- **>2 years**

**PCN allergic**
- **<40kg**: Cefuroxime 15mg/kg PO BID (max 500 mg/dose)
- **>40kg**: 15mg/kg PO BID (max 750 mg/dose)
- **>6 years**: Ceftriaxone 50mg/kg IM or IV daily for 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
- Ibuprofen 5-10mg/kg PO q8hr PRN pain or fever, not to exceed 30mg/kg in 24 hours

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

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

**Cefuroxime**
- **<40kg**: 15mg/kg PO BID (max 500 mg/dose)
- **>40kg**: 75mg/kg PO BID (max 600 mg/dose)

**Cefdinir**
- 7mg/kg PO BID daily for 1-3 days (max 2000mg/dose)

**Ceftriaxone**
- 50mg/kg IM or IV daily for 3 days (max 2000mg/dose)

**Clindamycin**
- 10mg/kg PO TID (max 450mg/dose)

**Clindamycin PLUS**
- cefuroxime, cefdinir, cefpodoxime, or ceftriaxone

## 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