



Pediatric Acute Otitis Media (AOM)

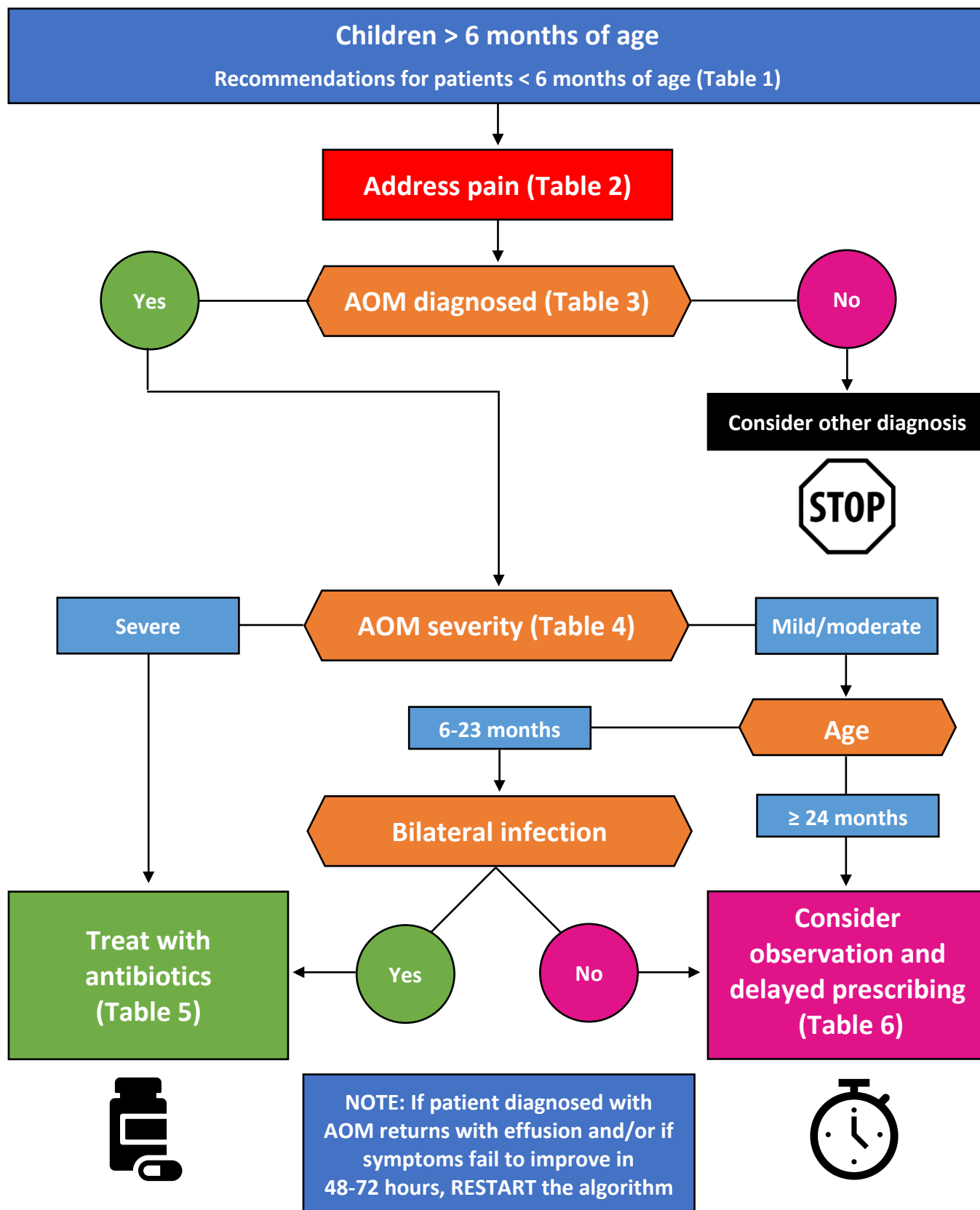




Table 1: Patients < 6 months of age

Research is limited in children < 6 months of age and treatment guidelines do not directly address this age group. Most physicians recommend treating AOM in children < 6 months of age with antibiotics.

Table 2: Addressing pain

Pain should be managed regardless if antibiotics are prescribed. Consider pain relievers such as acetaminophen or ibuprofen for relief. Antibiotics do not relieve pain for 24 hours. In children unable to speak, pain often presents as holding/tugging/rubbing ear, excessive crying, changes in sleep or behavior.

Medication	Dose
Acetaminophen	10-15 mg/kg/dose PO q4-6h PRN (max 75 mg/kg/day OR 4000 mg/day)
Ibuprofen	5-10 mg/kg/dose (max 400 mg/dose) PO q6-8h PRN (max 40 mg/kg/day OR 1200 mg/day)

Table 3: AOM diagnostic criteria

Middle ear effusion **AND ANY** of the following:

- Moderate/severe bulging of tympanic membrane (TM)
- Mild bulging of TM with new otalgia (ear pain) < 48 hours ago
- Mild bulging of TM with severe erythema (redness)
- New otorrhea (discharge from ear) without otitis externa

**Patients with pressure equalizer (PE) tubes do not have bulging TM*

Table 4: Severe AOM criteria

Consider severe AOM if **ANY** of the following are present:

- Temperature $\geq 102.2^{\circ}\text{F}$ (39°C)
- Moderate/severe otalgia
- Otolgia for >48 hours
- Otorrhea

Table 5: Recommended antibiotic therapies and durations for AOM in patients 0-18 years of age

Initial antibiotic treatment		Treatment failure (48-72 hours after initial)
First-line therapies		First-line therapies
Amoxicillin 45 mg/kg/dose (max 2 g) PO BID	→	Amoxicillin-clavulanate 45 mg/kg/dose (max 2 g) PO BID
Amoxicillin-clavulanate* 45 mg/kg/dose (max 2 g) PO BID	→	Ceftriaxone 50 mg/kg/dose (max 1000 mg) IV/IM daily
Alternatives		Alternatives
Cefdinir 7 mg/kg/dose (max 300 mg) PO BID	→	Ceftriaxone 50 mg/kg/dose (max 1000 mg) IV/IM daily
Ceftriaxone 50 mg/kg/dose (max 1000 mg) IV/IM daily	→	Clindamycin 10 mg/kg/dose (max 300 mg) PO TID PLUS cefdinir 7 mg/kg/dose (max 300 mg) PO BID
Duration		
Age and Severity	PO Antibiotics	Ceftriaxone IV/IM
< 2 years with mild or moderate AOM OR any age with severe AOM	10 days	3 days
2-5 years with mild or moderate AOM	7 days	
> 5 years with mild or moderate AOM	5-7 days	

* **Use amoxicillin alone as first-line antibiotic**; amoxicillin-clavulanate should be used first-line instead if any of the following are present: patient has used amoxicillin in past 30 days, has concurrent conjunctivitis, or has history of AOM refractory to amoxicillin

Table 6: Observation and delayed antibiotic prescribing

In most cases, AOM resolves on its own. Guidelines recommend observation instead of immediate antibiotic treatment for some cases of mild or moderate AOM: children age ≥ 2 years **OR** children age 6 – 23 months with unilateral AOM. If symptoms fail to improve in 48-72 hours, a delayed antibiotic prescription is given. Delayed prescriptions decrease antibiotic exposure, antibiotic-related side effects, and antibiotic resistance.