Pediatric Acute Otitis Media (AOM)

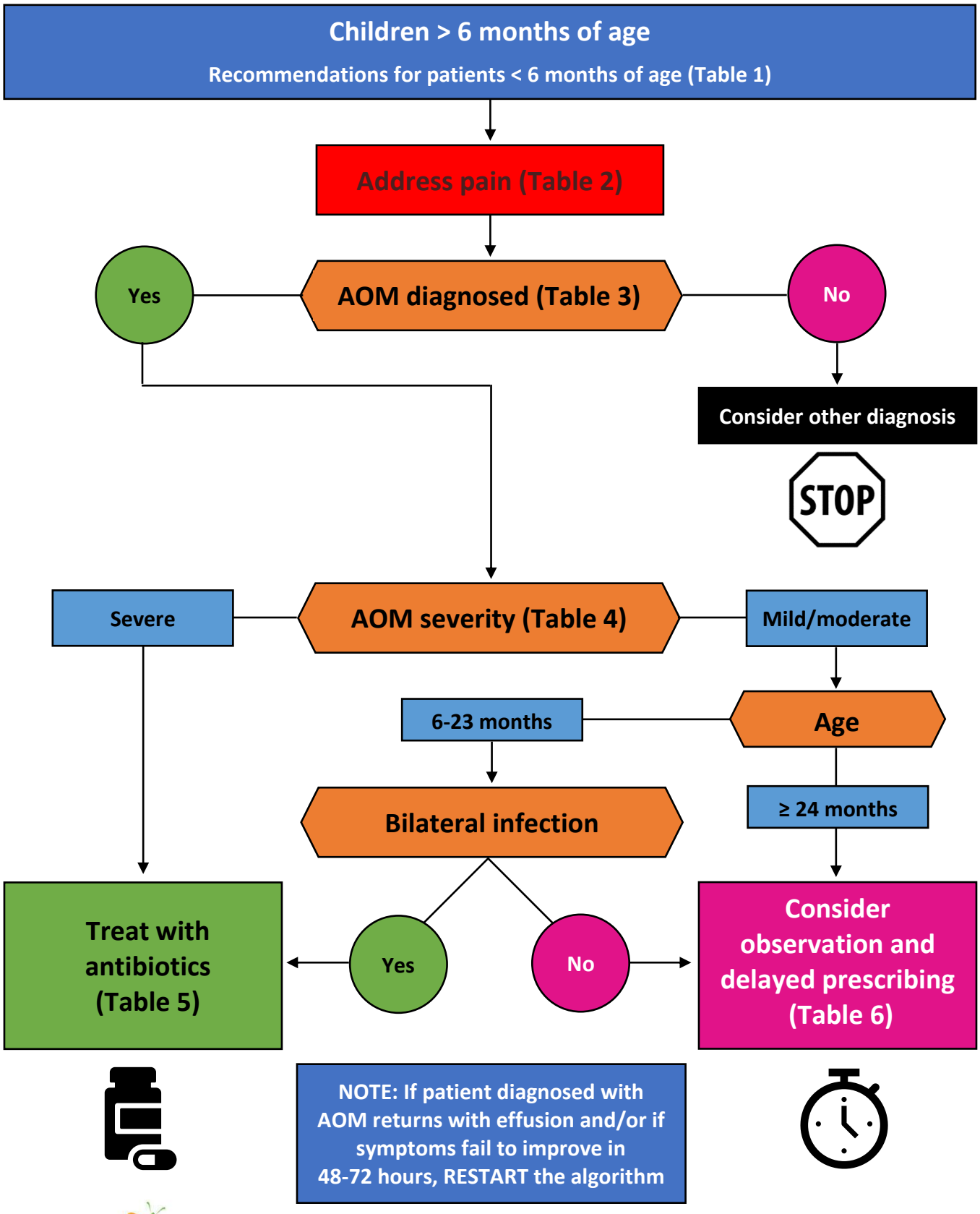


Table 1: Patients < 6 months of age
Research is limited in children < 6 months of age and treatment guidelines do not directly address this age group. Most physicians recommend treating AOM in children < 6 months of age with antibiotics.

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 ≥ 102.2°F (39°C) ▪ Moderate/severe otalgia ▪ Otalgia 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***
Cefpodoxime 5 mg/kg/dose (max 200 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** cefpodoxime 5 mg/kg/dose (max 200 mg) PO BID or cefdinir 7 mg/kg/dose (max 300 mg) PO BID

Duration		
Age and Severity	***PO Antibiotics***	***Ceftriaxone IV/IM***
< 2 years with AOM	**10 days**	**1 or 3 days**
2-5 years with AOM	**7 days**	
≥ 6 years with AOM	**5 days**	

*The 14:1 amoxicillin-to-clavulanate formulation should be used for pediatric patients ≥3 months weighing <40 kg

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.