NM Northwestern Medicine

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OUTPATIENT STEWARDSHIP TIP SHEET

Acute Otitis Media (AOM)

Pediatric cases of acute otitis media are most often caused by viruses			
Symptoms & Clinical Findings	- often preceded by nasal congestion from a respiratory illness or seasonal allergies - symptoms include acute ear pain (unilateral, especially in adults) and muffled hearing - infants may be fussy, with excessive crying, with poor feeding, or tug at the affected ear		
Diagnostic Testing	- to diagnose AOM, visualize a bulging or perforated tympanic membrane (TM), an air-fluid level behind the tympanic membrane, or evidence of perforated tympanic membrane with drainage - there is no routine laboratory test for AOM - only send an ear culture if the patient has failed therapy and there is drainage from the ear		
Treatment	**Adults—Add topical therapy if TM rupture**	**Pediatric—Treatment is Dependent on Age & Severity**	
	Standard Antibiotics **Amoxicillin-clavulanate** 875 mg-125 mg BID **Penicillin Allergy** (select ONE) **(see NM Allergy Considerations first)** **Cefpodoxime** 200 mg BID **Cefuroxime** 500 mg BID **Penicillin AND Cephalosporin Allergy** **Doxycycline** 100 mg BID If TM rupture present, consider adding topical ciprofloxacin-dexamethasone, ofloxacin or 2% to 3% acetic acid for 7-10 days **Do not use cefdinir or azithromycin**	**Nonsevere presentation*** **AND** **Ear pain < 48 hours** **AND** **Meets ear involvement criteria:** Age 6-23 months (only 1 ear affected) Age ≥24 months (1-2 ears affected) **Watchful waiting** (give CDC Handout and **articulate plan for postdated prescription or repeat visit** PRN) OR **Amoxicillin** 90 mg/kg/day divided BID OR ***IF** receipt of amoxicillin within 30 days, AOM refractory to amoxicillin or concurrent purulent conjunctivitis:* **Amoxicillin-clavulanate** 600 mg-42.9 mg/5 mL ES formulation OR 1000 mg-62.5 mg XR formulation 90 mg/kg/day divided BID (dose based on amox component) (maximum dose (amox): 4 g/day) **Penicillin Allergy** **(see NM Allergy Considerations first)** **Clindamycin** 30 mg/kg/day divided TID (maximum dose: 900 mg/day) **Do not use cefdinir or azithromycin**	**Severe presentation*** **OR** **underlying issues*** **OR** **Ear pain ≥48 hours** **OR** **Ages 6 to 23 months, with both ears affected** **OR** **Age <6 months** **Watchful waiting not recommended** **Refer to antibiotic recommendations as listed to the left**
		*Severe presentation includes ANY of the following: • fever ≥ 39°C (102.2°F) • moderate or severe ear pain • purulent ear drainage *Underlying medical issues include • presence of cochlear implant • immunocompromised status	
Duration of systemic antibiotics	**10 days** for acute otitis media in all patients except for: **5 to 7 days** for children age ≥24 months with nonsevere presentation and no underlying issues		
Adjunctive measures	NSAIDs or acetaminophen		

Key Points for Counseling Patients

1. NSAIDs or acetaminophen can reduce pain rapidly

2. By 48 to 72 hours, a child with bacterial AOM on effective antibiotics should have less pain, less fussiness and less fever

When to Consider Transfer to ED

1. Headaches, neck stiffness, photophobia, confusion or mental status changes

2. Concern for deeper infection, e.g., mastoiditis

ADSP Northwestern Medicine Antimicrobial and Diagnostic Stewardship Program

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