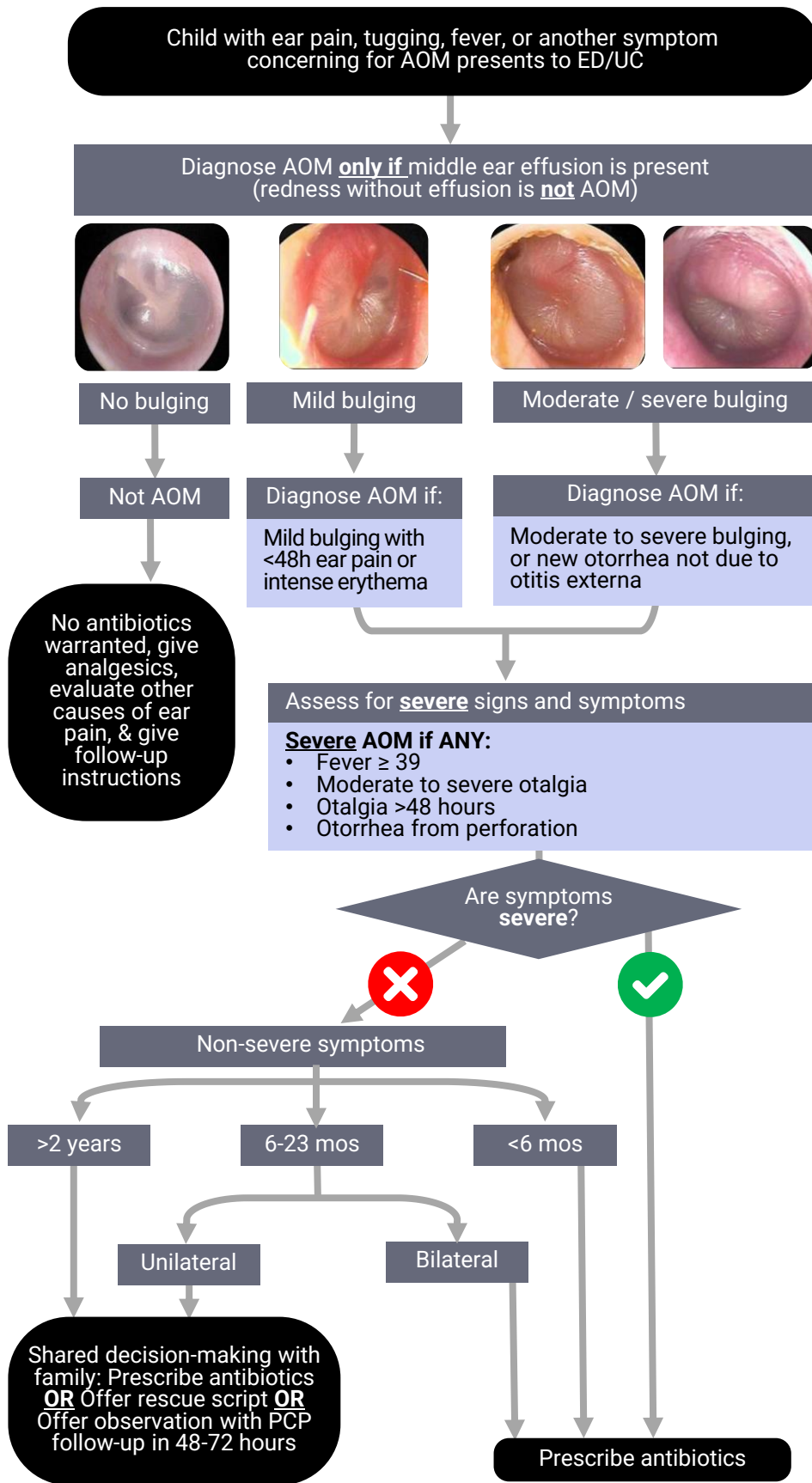


Acute Otitis Media Algorithm

Emergency Department / Urgent Care – Age 2 months – 12 years



AOM Definitions

Severe - moderate to severe otalgia or fever ≥ 39

Non-severe - mild otalgia & temp < 39

Recurrent - ≥ 3 or more well documented separate episodes in the past 6 months (4 in 12 months including 1 in 6 months)

Preferred treatment - Amoxicillin

90 mg/kg/day divided BID w/ max 4000 mg/day

- <2y or any age severe symptoms: 10 days
- 2-5y + non-severe symptoms: 7 days
- $\geq 6y$ + non-severe symptoms: 5 days

Special situations (durations above)

PCN allergy - cefdinir (or cefpodoxime). Refer to Pediatric Allergy Testing Clinic

With purulent conjunctivitis - Augmentin

Amox in last 30 days - Augmentin

Child cannot take po (rare) - Single dose **ceftriaxone** is adequate therapy for untreated AOM

Treatment failure

No clinical improvement in 48-72 hours, evaluate whether ongoing symptoms are from treatment failure or concomitant viral infection. Effusions can take weeks to resolve on exam.

Failed high dose amoxicillin - 10 days Augmentin (high dose)

Failed high dose Augmentin or oral cephalosporin - Ceftriaxone IV/IM q24 hours X 3

Can **consider** clindamycin +/- oral cephalosporin

Azithromycin, TMP/SMX, and PO cephalosporins alone **are not adequate** therapy for AOM that has failed other antibiotics

When to involve Otolaryngology

Consult ENT immediately for associated mastoiditis or facial nerve paralysis

ENT referral criteria

usually done by PCP not ED/UC

- 3 episodes of recurrent AOM in 6 months or
- 4 episodes in past year with 1 in past 6 months

References (and photos)

The Diagnosis and Management of Acute Otitis Media. *Pediatrics*. 2013;131(3):e964-e999. doi:10.1542/peds.2012-3488