Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Acute Otitis Media (3 months – 12 years)

Box 1: AOM Decision-Making Principles
- If observation is warranted, do not prescribe antibiotics.
- Always treat pain with acetaminophen and ibuprofen, as appropriate.
- If patient has not received amoxicillin within 30 days, start with amoxicillin to treat new infection.
- For AOM with otorrhea, use otic drops if >6 months. Do not use oral antibiotics unless the other ear is infected without perforation.
- Do not treat fluid that develops after AOM if child is asymptomatic – observe up to 3 months.
- Do not use azithromycin, erythromycin, cephalexin (Keflex), or Septra for AOM.
- Do not use antibiotic prophylaxis.
- Do not send ear drainage for culture.

Box 2: Eligibility for Observation for 48-72 hours
- 6-24 month old with mild, uncertain, or unilateral AOM
- >24 month old with mild/moderate (non-bulging) AOM
- Caregiver comfortable withholding antibiotics
- Follow-up assured
- Antibiotics can be started promptly if symptoms persist or worsen
- No fever >102°F and only mild otalgia

Box 3: AOM Treatment

Antibiotic duration, by age:
- < 2 years: 10 day course of oral antibiotic
- 2-5 years: 7 day course of oral antibiotic
- ≥ 6 years: 5 day course of oral antibiotic
- Note: in patients with history of recurrent, complicated, or chronic infections, may consider up to 10 days of treatment.

Antibiotic choice:

1st line: amoxicillin 45 mg/kg/dose PO BID
2nd line: Augmentin 45 mg/kg/dose PO BID
3rd line: ceftriaxone 50 mg/kg IV/IM QD for 3 days

Otitis-conjunctivitis syndrome

Augmentin 45 mg/kg/dose PO BID

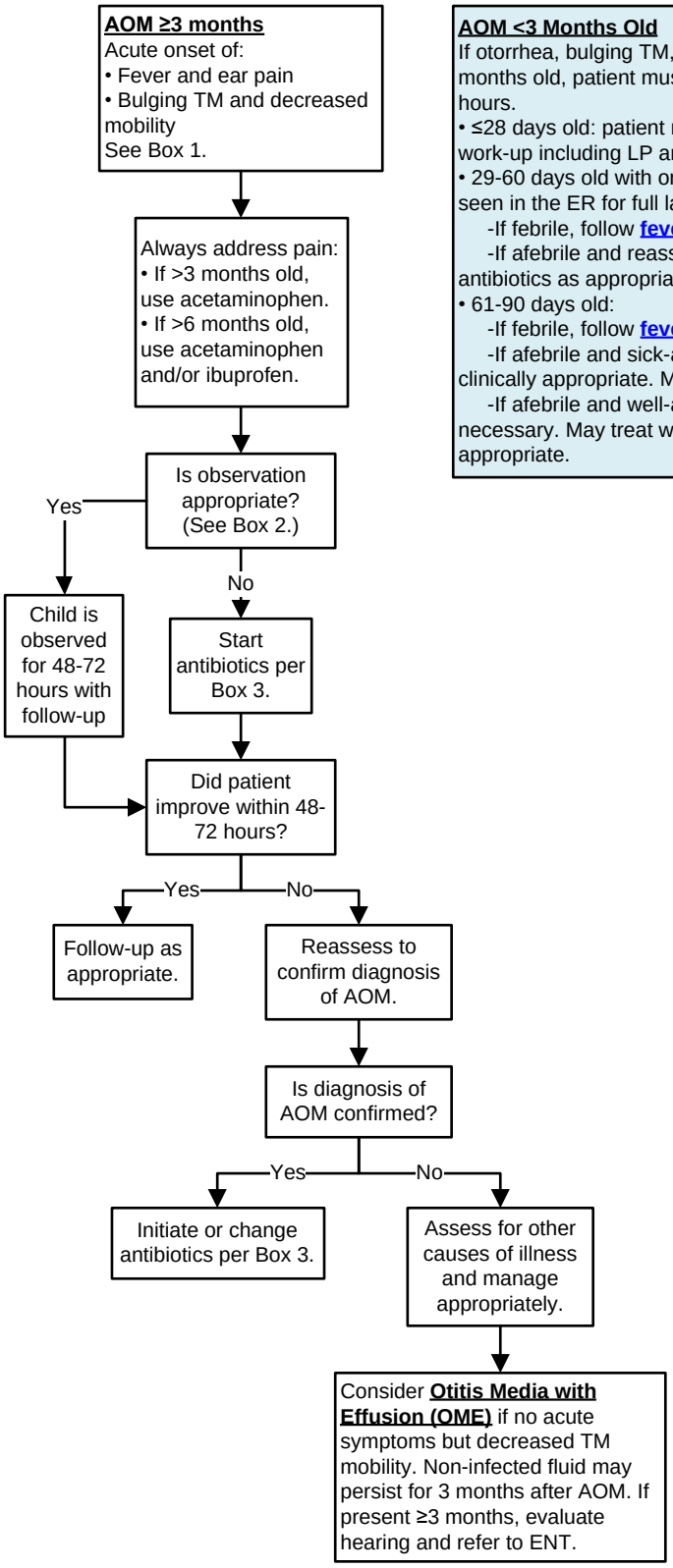
Try to avoid using cephalosporins. They are less effective at treating the most common organisms that cause OM.

For PCN allergy: Please refer the patient for an allergy trial if not already done.

cefdinir 14 mg/kg/dose PO QD
OR
ceftriaxone 50 mg/kg IV/IM QD for 1-3 days

For ruptured TM/tube drainage:

Wick ears prior to giving drops.
- Ofloxacin 5 drops BID
- Ciprodex 4 drops BID



AOM <3 Months Old

If otorrhea, bulging TM, or other suspicion of AOM <3 months old, patient must be seen by provider within 24 hours.
- ≤28 days old: patient must be seen in the ER for full lab work-up including LP and treatment with IV antibiotics.
- 29-60 days old with or without fever, patient must be seen in the ER for full lab work-up including LP.
  - -If febrile, follow **fever < 90 days clinical guideline**.
  - -If afebrile and reassuring work-up, may treat with oral antibiotics as appropriate.
- 61-90 days old:
  - -If febrile, follow **fever < 90 days clinical guideline**.
  - -If afebrile and sick-appearing, perform work-up as clinically appropriate. May consult peds as needed.
  - -If afebrile and well-appearing, lab work-up not necessary. May treat with oral or otic antibiotics as appropriate.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 2/5/20.
If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.

When to Refer to ENT
- 3 episodes of AOM in 6 months
- 4 episodes of AOM in 12 months
- OME or otorrhea for ≥3 months
- Hearing loss >20 dB