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.
- If patient has not received amoxicillin within 30 days, start with amoxicillin to treat new infection.
- Do not treat fluid that develops after AOM if child is asymptomatic – observe up to 3 months.
- 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.
- No otorrhea (unless tympanostomy tubes present).

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
- ≥ 5 years: 5 day course of oral antibiotic
- Note: in patients with TM perforation or history of recurrent/complicated/chronic infections, treat for 10 days.

Antibiotic choice:
1st line: amoxicillin 45 mg/kg/dose PO BID
2nd line: Augmentin 45 mg/kg/dose PO BID
3rd line: cefdinir 14 mg/kg/dose PO QD
OR ceftriaxone 50 mg/kg IV/IM QD for 1-3 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.

Do not use azithromycin, erythromycin, cephalexin (Keflex), or Septra for AOM.

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

AOM ≥3 months

Acute onset of:
- Fever and ear pain
- Bulging TM and decreased mobility

See Box 1.

Always address pain:
- If >3 months old, use acetaminophen.
- If >6 months old, use acetaminophen and/or ibuprofen.

Is observation appropriate? (See Box 2.)

Yes → Child is observed for 48-72 hours with follow-up

No → Start antibiotics per Box 3.

Did patient improve within 48-72 hours?

Yes → Follow-up as appropriate.

No → Reassess to confirm diagnosis of AOM.

Is diagnosis of AOM confirmed?

Yes → Initiate or change antibiotics per Box 3.

No → Assess for other causes of illness and manage appropriately.

Consider **Otitis Media with Effusion (OME)** if no acute symptoms but decreased TM mobility. Non-infected fluid may persist for 3 months after AOM.

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 evaluation. Even if no fever, follow recommendations on **fever <90 days clinical guideline**.
- 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 antibiotics as appropriate.

AOM via RMT

If considering antibiotics for AOM, always request that health aide sends photos of the tympanic membrane.

AOM with Otorrhea

- If patient has ruptured TM and no tubes, treat with oral antibiotics for ten day course with dosing as above and otic antibiotics. Oral antibiotics may improve TM healing.
- If patient has tympanostomy tubes that are confirmed to be still in place, may treat with otic antibiotics only.

Otic Antibiotics

Wick ears prior to giving drops. After instilling drops, child should lie with affected side up for several minutes.
- Ciprofloxacin 4 drops BID for 7 days
- Ciprofloxacin + dexamethasone 4 drops BID for 7 days

Tympanostomy Tubes

- Indications: OME for at least three months or recurrent episodes of AOM with at least three episodes in the past six months or at least four episodes in the past year (with at least one in the past six months).
- Process: Place order for "Refer to Audiology Internal." Audiology at YKHC will evaluate the child and refer to ENT if indicated.

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 Clinical Guideline Committee 3/13/23.
Click **here** to see the supplemental resources for this guideline.
If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.