### Acute Otitis Media (AOM) in Children and Adolescents

#### Key points
- Most cases (>80%) of AOM are viral and resolve spontaneously
- Consider observation for 48-72hrs in children >2 years
- Middle ear effusion and inflammation must be present for diagnosis

#### Signs and symptoms of acute otitis media (not all may be present):
1. Recent onset of symptoms
2. Otitalgia (more common age>2)
3. Fever (30-50%)
4. Crying, fussiness
5. Ear pulling (non-specific)
6. URI symptoms
7. Loss of appetite
8. Vomiting, diarrhea

#### Treat pain
- acetaminophen (or NSAID if >6 months)
- warm compresses
- topical anesthetic (if TM intact)

#### Middle ear effusion* AND signs of middle ear inflammation** present

#### Not AOM

#### Yes

<table>
<thead>
<tr>
<th>TM intact AND non-severe illness (mild otalgia and fever &lt;39 C)</th>
<th>Perforated TM OR severe illness (mod-severe otalgia or fever ≥ 39 C)</th>
<th>Failed initial antibiotic therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider observation for 48-72hrs (if &gt;2 years) OR Delayed antibiotic prescription† to fill if symptoms don't improve in 48-72hrs</td>
<td>Resolution Observation failure or treatment chosen</td>
<td>1st line: Amoxicillin/clavulanate 90/6.4 mg/kg/day divided BID (max 875mg BID) for 10 days</td>
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<tr>
<td>Alternatives for non-severe PCN allergy: Amoxicillin 80-90mg/kg/day divided BID (max 1gm BID) for:</td>
<td></td>
<td>Alternatives for non-severe PCN allergy: Cefpodoxime 10mg/kg/day divided BID (max 400mg BID) OR Cefuroxime 30mg/kg/day divided BID (max 500mg BID)</td>
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<tr>
<td>• 10 days if &lt;6 years</td>
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<td>If severe illness: Ceftriaxone IM 50mg/kg/day for 3 days (max 1gm/day)</td>
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<td>• 5 days if &gt;/=6 years</td>
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<td>Immediate hypersensitivity PCN allergy: Clindamycin 30mg/kg/day divided TID (max 450mg TID) or consider tympanocentesis</td>
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<td>Immediate hypersensitivity PCN allergy: Azithromycin 10mg/kg on day 1 (max 500mg), then 5mg/kg (max 250mg) days 2-5</td>
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<td>No improvement after 48-72 hours</td>
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#### Disclaimer:
This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment. Assess for antibiotic allergies and use alternative agents as appropriate. Suggested antibiotic doses are for normal renal function; adjust for renal impairment when necessary.

#### References: