ACUTE OTITIS MEDIA (AOM)
CLINICAL PATHWAY
6 MONTHS – 12 YEARS

Does the patient have the following?
Cloudy yellow fluid in the middle ear space and at least one of the following:
- Bulging ear drum or mild bulging ear drum AND onset of new pain in last 48 hours
- In pre-verbal children; excessive crying, fever, or changes in child’s sleep or behavior patterns

Yes

Non-Severe AOM

Severe AOM

Children ≥ 24 months – either prescribe an antibiotic OR offer observation
Children <24 months – prescribe an antibiotic

Does the patient have non-severe AOM; (i.e. mild otalgia for <48 hours and temperature <39°C (102.2°F)

Or

Does the patient have severe AOM; (i.e. moderate, or severe otalgia or otalgia for >48 hours, or fever >39°C (102.2°F)?

First Line Antibiotic Therapy

Amoxicillin (high dose) 80-90mg/kg/day PO in 2 divided doses (usual max dose 2000 mg/day in 2 divided doses for 7-10 days
Amoxicillin-Clavulanate (high dose) same as above, based on amoxicillin component for 7-10 days
- Use 14:1 (ES) concentration to avoid overdosing clavulanate component
- Consider for moderate to severe illness, those <2 years, attending daycare, those who received antibiotics in the last 30 days, or for whom coverage of B-lactamase+ H.Influenzae or M.catarrhalis is desired

Ceftriaxone 50mg/kg/dose IM (max single dose 1,000mg) daily for 3 days
- For those vomiting, unable to tolerate orals or unlikely to be adherent

Treatment for Patients with Penicillin Allergy

Penicillin Allergy Facts Document
(https://mychildrens.chsomaha.org/healthcare-professionals/antimicrobial-stewardship-program/penicillin-allergy-facts/)

Cefdinir 14mg/kg/day PO divided in 1 or 2 doses (usual adult dose 600mg/day in 1 dose) for 7-10 days
Ceftriaxone 50mg/kg/dose IM (max single dose 1,000mg) daily for 3 days
- Be sure to verify true reactions to penicillin’s prior to making therapy choice

Clinical worsening after 72 hours of antibiotics or failure to improve after 3-5 days of therapy?

No

Complete antibiotics

Yes

Which agent was given?

Exclusion Criteria
- Toxic appearing
- Children <6 months or >12 years of age
- Tympanostomy tubes
- Anatomic abnormalities
- Cleft Palate
- Genetic conditions with Craniofacial abnormalities such as Down Syndrome
- Immune Deficiencies
- Cochlear Implants
- Children with otitis media with effusion without acute otitis media

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

ChildrensOmaha.org/Pathways
Updated Date 06/2022
ACUTE OTITIS MEDIA (AOM)
CLINICAL PATHWAY
6 MONTHS – 12 YEARS

Which agent was given?

Amoxicillin

Amoxicillin-Clavulanate

Cefdinir

Ceftriaxone

Failure

Failure

Failure

Success

Complete Antibiotics

Ceftriaxone IM x 3 days

Complete Antibiotics

Failure

Failure

Clindamycin + 3rd generation cephalosporin – duration 7-10 days

Clindamycin 30-40mg/kg/day PO in 3 divided doses (usual adult dose 1350mg/day in 3 divided doses)
Cefdinir 14mg/kg/day PO in 1 dose (usual adult dose 600mg/day in 1 dose)
Cefixime 8mg/kg/day PO in 1 dose (usual adult dose 400mg/day in 1 dose)

**In patients with a severe allergy to above medications call Infectious Disease**

Failure?

No

Yes

Complete Antibiotics

Consider referral to specialist

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

ChildrensOmaha.org/Pathways

Updated Date 06/2022