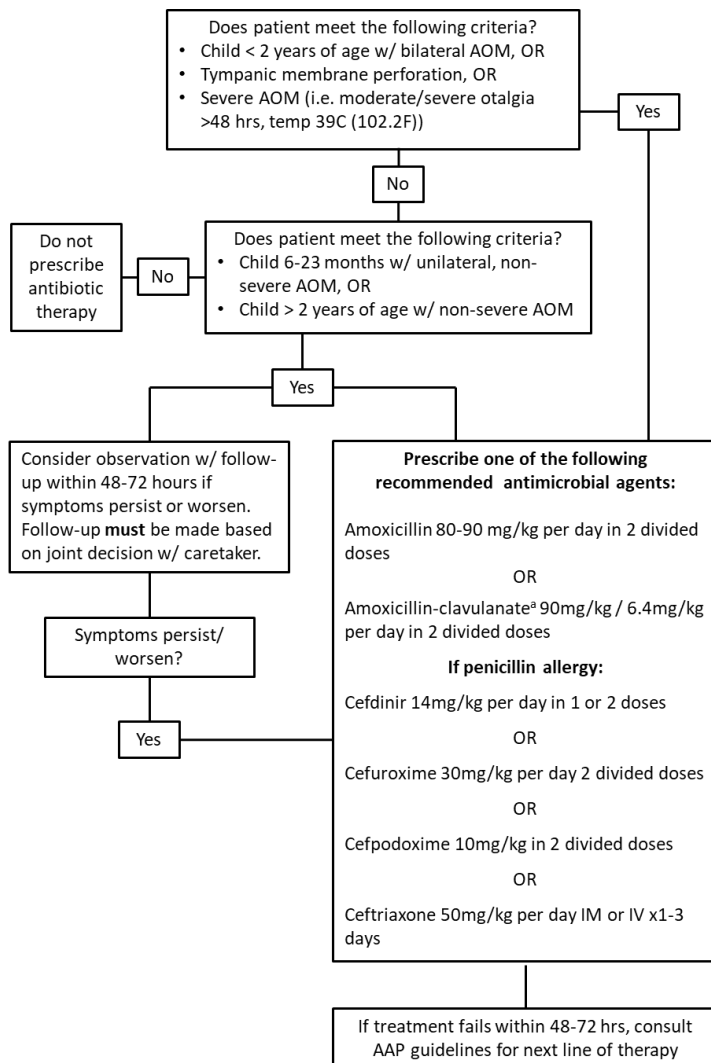


# Appropriate Prescribing Guidelines in the Outpatient Setting: Acute Otitis Media (AOM) in Children

## TREATMENT<sup>1</sup>

**NOTE:** ALL patients should be given pain relief, regardless of whether antibiotics are given. **Duration of treatment:** 10 days for children < 2 years of age and those with severe infection; 7 days for children 2-7 years of age with mild-moderate AOM; 5-7 days for children ≥ 6 years of age.



<sup>a</sup>May be considered in patients who have received amoxicillin in the previous 30 days or who have otitis-conjunctivitis syndrome, as the causative organisms are more likely to be β-lactamase producing

Learn more about antibiotic stewardship practices and prescribing guidelines at <https://hip.phila.gov/HAIAR/IP-C>

### References:

- Lieberthal AS, Carroll AE, Chonmaitree T, et al. Clinical Practice Guideline: The Diagnosis and Management of Acute Otitis Media. *Pediatrics*. 2014; 133(2):346-347. doi: <https://doi.org/10.1542/peds.2013-3791>

## EPIDEMIOLOGY/ETIOLOGY<sup>1</sup>

- The leading childhood infection requiring antibiotics; uncommon in adults
- Most AOM cases are caused by a viral/bacterial co-infection. Common bacterial etiologies include: *Haemophilus influenzae*, *Streptococcus pneumoniae*, *Moraxella catarrhalis*

## DIAGNOSIS<sup>1</sup>

- No gold standard; subjective/clinical
- Clinicians *should* diagnose AOM in children presenting with:
  - Moderate-severe bulging of tympanic membrane *or* new onset otorrhea not due to otitis externa
  - Mild bulging of tympanic membrane *and* onset of ear pain < 48 hrs *or* intense erythema
- Clinicians *should not* diagnose AOM in children who do not have middle ear effusion
- Differential diagnosis: otitis media with effusion (OME); not treated w/ antibiotics