

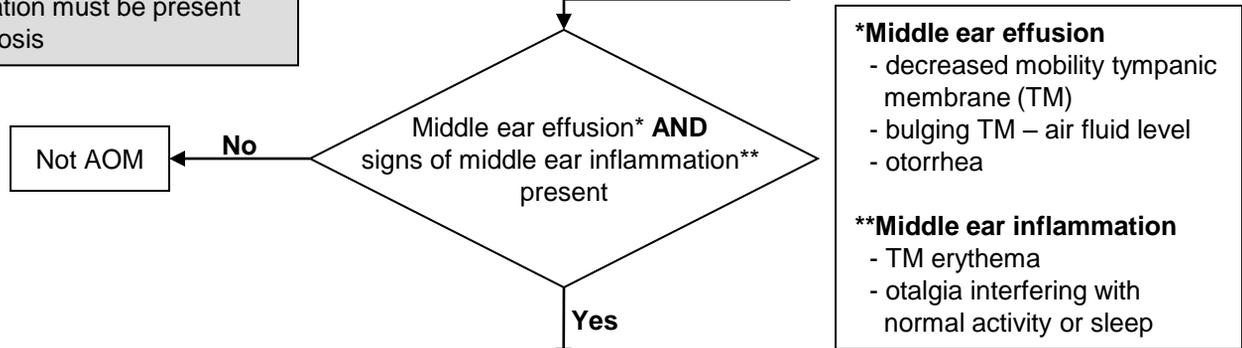
Acute Otitis Media (AOM) in Children and Adolescents

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):

- Recent onset of symptoms
- Otalgia (more common age>2)
- Fever (30-50%)
- Crying, fussiness
- Ear pulling (non-specific)
- URI symptoms
- Loss of appetite
- Vomiting, diarrhea



***Middle ear effusion**

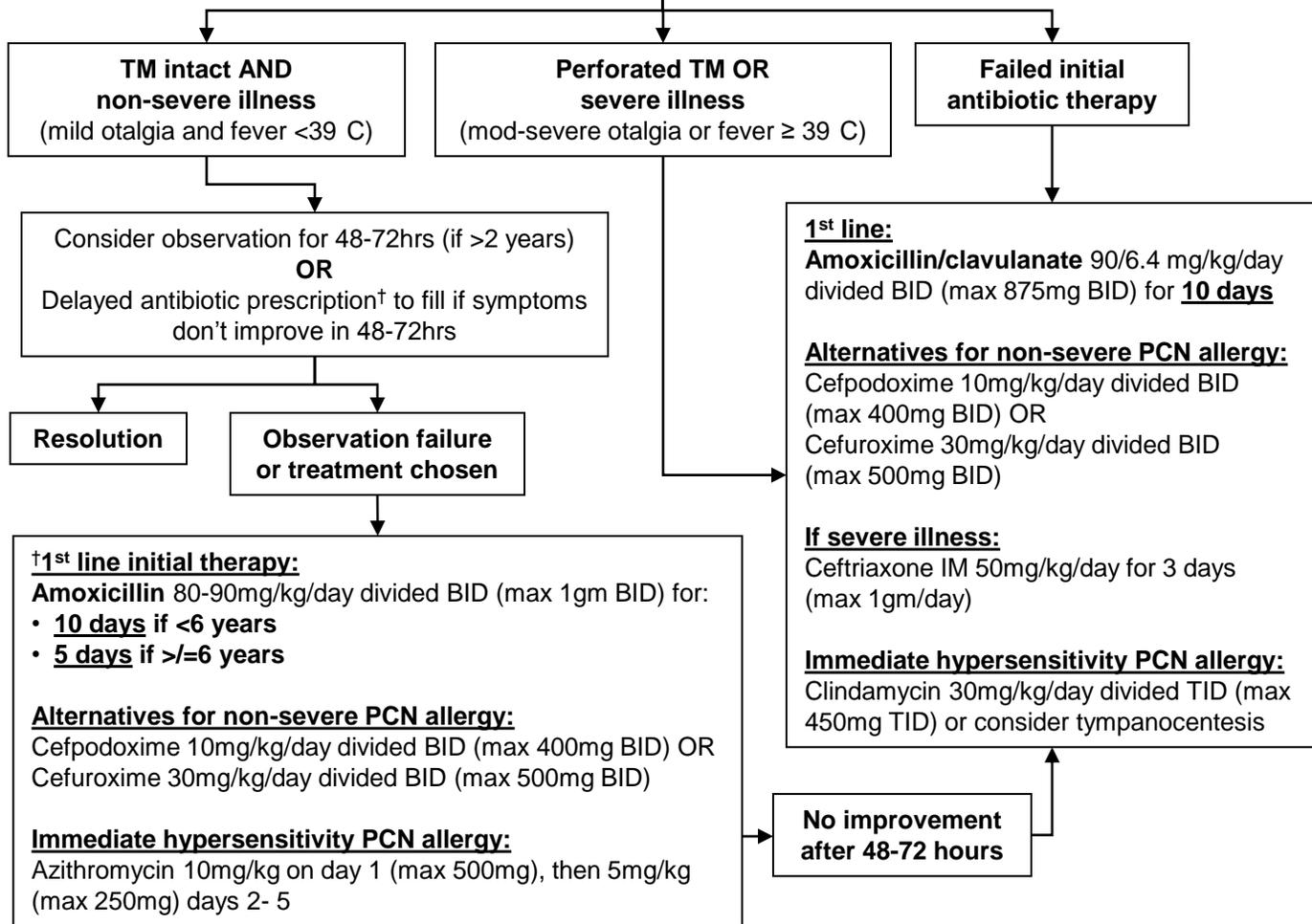
- decreased mobility tympanic membrane (TM)
- bulging TM – air fluid level
- otorrhea

****Middle ear inflammation**

- TM erythema
- otalgia interfering with normal activity or sleep

Treat pain

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



†1st line initial therapy:

Amoxicillin 80-90mg/kg/day divided BID (max 1gm BID) for:

- 10 days** if <6 years
- 5 days** if ≥6 years

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)

Immediate hypersensitivity PCN allergy: Azithromycin 10mg/kg on day 1 (max 500mg), then 5mg/kg (max 250mg) days 2- 5

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: Diagnosis and Management of Acute Otitis Media (AAP/AAFP Clinical Practice Guideline). *Pediatrics* 2004;113:1451-1465; American Academy of Pediatrics. *Red Book 2009: Report of the Committee on Infectious Diseases*, 28th ed.; *NEJM* 2011; 364:105-15