



# APPROACH TO AOM BASED ON 2013 AAP GUIDELINES

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9mo M presenting with one day history of right ear pulling, increased desire to be held, increased fussiness, and fever Tmax 101. On exam you see the following TM.



Reference

<http://pediatrics.aappublications.org/content/early/2013/02/20/peds.2012-3488>

- Most appropriate next step would be
  - A. prescribe antibiotic therapy
  - B. Discuss with parent options of antibiotic therapy or observation with scheduled follow up for joint decision
  - C. observation with scheduled follow up
  - D. Referral to ENT
  - E. Otic analgesic agent

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# EXPLANATION

- ◉ Non severe AOM in children 6 months to 23 months qualifies as mild otalgia for less than 48 hours or temperature less than 39C (102.2F) with clinical suspicion
- ◉ Non severe AOM in children: the clinician should either prescribe antibiotic therapy or offer observation with close follow up based on joint decision making with parent(s)/caregiver
- ◉ 2013 Guidelines shift from “Uncertain AOM” diagnosis which encouraged unnecessary antibiotic therapy
- ◉ Joint Decision required for assurance of follow up

20mo F with two day history of fever Tmax 103, purulent conjunctivitis and otalgia presents to the ED. Patient last received antibiotics 2months prior for an Acute Otitis Media and has never failed antibiotic therapy for her episodes of AOM.



- The most appropriate choice for therapy is
  - A. Amoxicillin 80-90mg/kg/day div BID
  - B. Amoxicillin/Clavulanic Acid 90mg-6.4mg/kg/day div BID
  - C. Cefdinir 14mg/kg/day div BID
  - D. Ceftriaxone 50mg/kg IM once
  - E. Discuss with parent options of antibiotic therapy or observation with scheduled follow up for joint decision

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# EXPLANATION

- Clinicians should prescribe an antibiotic with additional Beta-Lactamase coverage for AOM when a decision to treat with antibiotics has been made AND
  - The child has received amoxicillin in the past 30days OR
  - The child has concurrent purulent conjunctivitis OR
  - The child has history of recurrent AOM unresponsive to amoxicillin
- Concurrent Conjunctivitis has been correlated with non typeable haemophilus and requires therapy
- Cefdinir and Ceftriaxone are viable second line therapies

# REFERENCES

- Allan S. Lieberthal, Aaron E. Carroll, Tasnee Chonmaitree, Theodore G. Ganiats, Alejandro Hoberman, Mary Anne Jackson, Mark D. Joffe, Donald T. Miller, Richard M. Rosenfeld, Xavier D. Sevilla, Richard H. Schwartz, Pauline A. Thomas and David E. Tunkel. The Diagnosis and Management of Acute Otitis Media . Pediatrics February 25, 2013 DOI: 10.1542/peds.2012-3488