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

First Line Antibiotic Therapy
Amoxicillin (high-dose) 60 mg/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 available 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

Ceftriaxone 50 mg/kg/dose IM (max single dose 1000 mg) daily for 3 days
Cefixime 8 mg/kg/day PO in 1 dose (usual adult dose 400 mg/day in 1 dose)

* Be sure to verify true reactions to penicillin

Exclusion Criteria
- Allergic to amoxicillin or penicillin
- Children <6 months or >12 years of age
- Previous history of serious allergy
- Anatomic abnormalities
- Cash Failure
- Genetic conditions with Connexional abnormalities such as Down Syndrome
- Immune Deficiencies
- Cochlear Implants
- Children with otitis media with effusion without acute otitis

Treatment for Patients with Penicillin Allergy
Penicillin Allergy Facts Document
(https://mychildrens.chsomaha.org/healthcare-professionals/clinical-stewardship-program/penicillin-allergy-facts/)
Ceftriaxone (high-dose PO daily) usual adult dose 400 mg/day in 1 dose) for 7-10 days
Cefdinir (high-dose PO/BID (max dose 300 mg/dose BID) for 7-10 days
Cefixime 10 mg/kg/dose IM (max single dose 1000 mg) daily for 3 days

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

Throat Swab - 2nd generation cephalosporin - duration 7-10 days

Complete Antibiotics
Amoxicillin/Clavulanate, Ceftriaxone, OR Cefdinir
Cefixime

Consider referral to specialist

Children <24 months
- Consider a diagnosis other than acute otitis media
- Consider antimicrobial stewardship
- Offer observation
- If asymptomatic after 3 days
- Failure
- Complete Antibiotics
- Consider referral to specialist

Children ≥ 24 months
- Consider referral to specialist
- If asymptomatic after 3 days
- Failure
- Complete Antibiotics

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard or account individual patient and family circumstances.

ChildrensNebraska.org/Pathways
Updated 09/2022