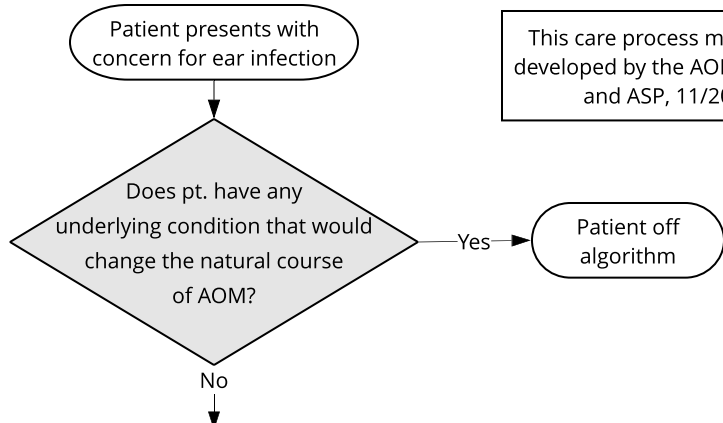


This care process model was developed by the AOM QI Team and ASP, 11/2018

Underlying conditions that may alter the natural course of AOM include, though are not limited to:

- Presence of tympanostomy tubes
- Anatomic abnormalities (including cleft palate)
- Genetic conditions with craniofacial abnormalities (such as Down Syndrome)
- Immune deficiencies
- Presence of cochlear implants

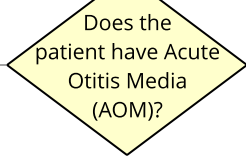


Criteria for diagnosis of AOM:

- Middle ear effusion
- **PLUS one** of the following:
  - moderate/severe bulging of TM
  - new onset otorrhea not caused by otitis externa
  - mild bulging of TM and 48 hours of otalgia
  - mild bulging of TM & intense erythema of the TM

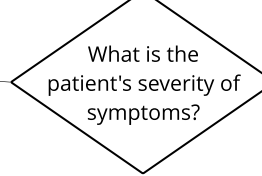
Patient may have Otitis Media with Effusion (ear effusion with no signs of infection)  
**No antibiotics recommended**

Assess and treat ear pain (see Table 3 in AAP guideline for Otaglia treatments)

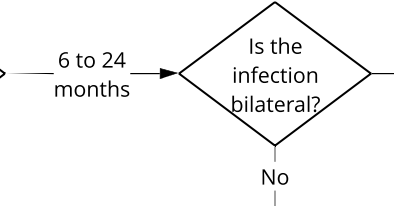
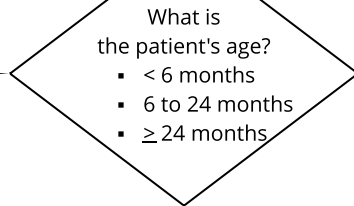


**Otorrhea OR Severe signs/symptoms:**  
Moderate/Severe otalgia  
**OR**  
Temperature ≥ 39C (102.2F)  
**OR**  
Otaglia ≥ 48 hours

**Non-severe symptoms:**  
Mild otalgia <48 hours  
**AND**  
Temperature < 39C (102.2F)



Initiate antibiotics x 10 days



Initiate antibiotics x 10 days

Watchful waiting (WW) / Safety-net antibiotic prescription (SNAP) or initiate antibiotics

Link to: Children's Mercy Kansas City Outpatient Antibiotic Handbook

**Antibiotic duration for amoxicillin, amoxicillin/clavulanate, cefuroxime, cefdinir, cefpodoxime, and clindamycin:**  
 <2 years of age **OR** severe AOM **OR** chronic AOM **OR** recurrent AOM **OR** TM perforation = **10 days**  
 2-5 years of age with non-severe symptoms = **7 days**  
 ≥6 years of age with non-severe symptoms = **5-7 day**