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

Patient presents with concern for ear infection

Does pt. have any underlying condition that would change the natural course of AOM?

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

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

Does the patient have Acute Otitis Media (AOM)?

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

What is the patient’s severity of symptoms?

Otorrhea OR Severe signs/symptoms:
- Moderate/Severe otalgia
- Temperature ≥ 39°C (102.2°F)
- Otalgia ≥ 48 hours

What is the patient’s age?
- < 6 months
- 6 to 24 months
- ≥ 24 months

Is the infection bilateral?

Initiate antibiotics x 10 days

≥ 24 months

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 days

Criteria for diagnosis of AOM:
- Middle ear effusion
- PLUS one of the following:
  - 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