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

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

Patient presents with concern for ear infection

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

Yes

Patient off algorithm

No

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

Does the patient have Acute Otitis Media (AOM)?

Yes

No

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

What is the patient’s severity of symptoms?

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

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

6 to 24 months

Is the infection bilateral?

Yes

Initiate antibiotics x 10 days

No

≥ 24 months

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

Initiate antibiotics x 10 days

< 6 months

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

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

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