

Wait and See Prescription (WASP)/Safety Net Antibiotic Prescription (SNAP) Reference for Providers

Acute Otitis Media (AOM) is the most common diagnosis in Pediatrics for which antibiotics are prescribed.
70% of cases of AOM in kids > 2years resolve in 48-72 hours without antibiotics.¹
50,000 Pediatric ED visits each year are for adverse effects from antibiotic use.²

The Wait and See Prescribing (WASP) or Safety Net Antibiotic Prescription (SNAP)³ approach to treating AOM is judiciously offered to pediatric patients who are more likely to resolve their infection without antibiotics.

The WASP/SNAP approach involves the following when AOM is diagnosed in an eligible patient:

- Parent is provided with an antibiotic prescription but instructed not to fill it unless their child's conditions worsens or does not improve in 48-72 hours.
- Parent treats any pain caused by the AOM with ibuprofen or acetaminophen.
- Only used for patients > 6 months and who can be monitored and seen in follow up if needed.

This approach can:

- decrease bacterial antibiotic resistance in both **your patient** and the community,
- decrease medical costs to your patient,
- decrease the risk of adverse events due to antibiotics such as allergic reactions, etc.



WASP/SNAPs are NOT offered to patients with:

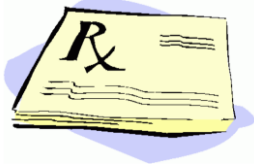
- Immune deficiencies or underlying anatomic abnormalities,
- PE tubes, ruptured TM(s), or history of resistant bacterial AOM.
- Patients with **severe symptoms** - **Temp $\geq 39^{\circ}\text{C}$ (102.2°F), severe otalgia or otalgia ≥ 48 hours**

Immediate antibiotic treatment indicated for patients with:




- Severe signs and symptoms at any age. (T $\geq 39^{\circ}\text{C}$, severe otalgia, otalgia ≥ 48 hrs)
- Infants < 6 months.
- Children 6 - 24 months with bilateral infection.



Discuss WASP/SNAP option vs. immediate treatment with child's parent/caretaker in these cases:



- Children 6-24 months with mild symptoms and **unilateral** AOM.
- Children ≥ 2 years with mild symptoms, **unilateral or bilateral**.
(Mild = Temp < 39°C (102.2°F), no or mild otalgia for < 48 hours)

Patient	Recommended Duration of Antibiotic Therapy
Children with severe AOM	10 days 
Children < 2 years of age	10 days 
Children 2-5 years of age with non-severe AOM	7 days 

Children ≥ 6 years of age with non-severe AOM | 5-7 days

Duration of Antibiotic Therapy by Age/Severity

Examples of Middle Ear Conditions



Normal Tympanic Membrane (TM)

- Ossicles clearly visible
- TM in neutral position
- TM not opaque
- Minimal Vascularity
- Color – Normal
- No effusion



Otitis Media with Effusion (OME)

- TM partially opaque
- Fluid bubbles may be present
- No bulging of TM
- No increased vascularity
- Fluid can be clear, white, golden



Obvious Acute Otitis Media (AOM)

- Ossicles not visible
- TM bulging ("bagel" appearance)
- TM opaque
- Very vascular
- TM golden red color



Sundgaard, JV, Harte, J, Bray, P, et al. Deep metric learning for otitis media classification. *Medical Image Analysis*. 2021;71:102034. <https://doi.org/10.1016/j.media.2021.102034>. Images CC by 4.0.

1. Rovers MM, Glasziou P, Appelman CL, Burke P, McCormick DP, Damoiseaux RA, et al. Predictors of pain and/or fever at 3 to 7 days for children with acute otitis media not treated initially with antibiotics: a meta-analysis of individual patient data. *Pediatrics*. 2007;119:579 - 585.
2. Bourgeois FT, Mandl KD, Valim C, and Shannon MW. Pediatric adverse drug events in the outpatient setting: an 11-year national analysis. *Pediatrics*. 2009;124:e744-50.
3. Lieberthal AS, Carroll AE, Chonmaitree T, Ganiats TG, Hoberman A, Jackson MA, et al. The diagnosis and management of acute otitis media. *Pediatrics*. 2013;131:e964-99.