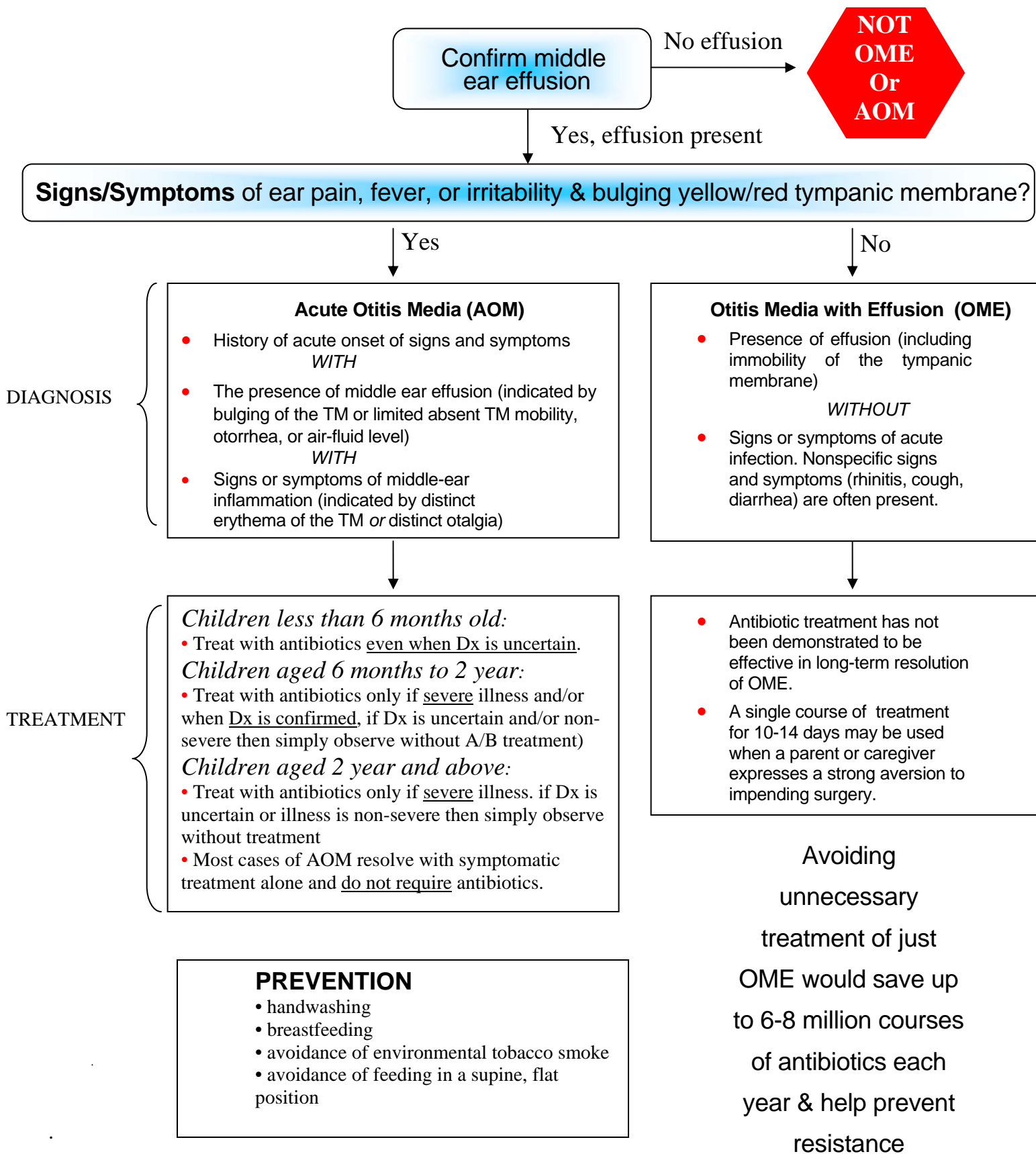


CAREFUL ANTIBIOTIC USE IN OTITIS MEDIA

- Otitis media with effusion **does NOT** require antibiotic treatment
- Acute otitis media does **not always** require antibiotic treatment



*Management should include assessment of pain—if present, clinician should recommend treatment to reduce pain

TREATMENT FOR ACUTE OTITIS MEDIA

1 st line agents	
Amoxicillin	
<i>Standard dose</i>	80-90 mg/kg/day PO per day in div doses
Allergy to Penicillin and/or Beta-lactams	
<i>Azithromycin</i>	10 mg/kg PO 1st day then 5mg/kg PO daily for 4 days
<i>Clarithromycin</i>	15 mg/kg/PO div bid for 5 days
Allergy/anaphylaxis w/ beta-lactam (hypersensitivity Type I reaction) <small>*cross-sensitivity possibility still exists in a few patients</small>	
<i>Cefuroxime axetil</i>	30 mg/kg day PO div bid for 5 days
<i>Cefprozil</i>	30 mg/kg day PO div bid for 5 days
2nd-Line Agents	
Failure of Amoxicillin	
<i>Amoxicillin-clavulanate</i>	90 mg/kg/day PO div bid (based on amoxicillin)/(use amoxicillin or clavulanate 7:1 formulation)
<i>Cefuroxime axetil</i>	30 mg/kg/day PO div bid for 10 days
<i>Cefprozil</i>	30 mg/kg/day PO div bid for 10 days
Beta-lactam Allergy	
<i>Azithromycin</i>	10 mg/kg PO 1st day then 5mg/kg or daily for 4 days
<i>Clarithromycin</i>	15 mg/kg/PO div bid for 10 days
<ul style="list-style-type: none"> • Use a 10-day therapy as standard for children aged 5 years and younger. • Use of 5- to 7-day course is appropriate in children aged 6 years and older with mild to moderate disease 	

References:

1. CDC website: Pediatric treatment guidelines for upper respiratory tract infections; Otitis Media: Pediatrics Physician Information (Sheet) http://www.cdc.gov/drugresistance/community/healthcare_provider.htm
2. CLINICAL PRACTICE GUIDELINES: American Academy of Pediatrics and American Academy of Family Physicians, Subcommittee on Management of Acute Otitis Media. Diagnosis and management of acute otitis media. Pediatrics 2004;113(5):1451-65.
3. Canadian Clinical Practice Guidelines 2007 from the Alberta Medical Association
4. Dowell SF, Marcy SM, Phillips WR, Gerber MA, Schwartz B. Otitis media-Principles of judicious use of antimicrobial agents. Pediatrics 1998;101(1 Suppl Pt 2):165-71.
5. Stool SE, Berg AO, Berman S, et al. Otitis media with effusion in young children. Clinical practice guideline. AHCPR Publication no 94-0622 1994.
6. American Academy of Family Physicians, American Academy of Otolaryngology-Head and Neck Surgery, American Academy of Pediatrics Subcommittee on Otitis Media with Effusion. Otitis media with effusion. Pediatrics 2004;113(5):1412-29.
7. Wong DM, Blumberg DA, Lowe LG. Guidelines for the use of antibiotics in acute upper respiratory tract infections. Am Fam Physician. 2006 Sep 15;74(6):956-66.

ISSUES

- Antibiotic prophylaxis is no longer recommended for recurrent AOM
- A single course of treatment for 10-14 days may be used when a parent or caregiver expresses a strong aversion to impending surgery.
- Treat symptomatically for 48–72 hours from symptom onset if pain/fever is manageable with systemic analgesics, provided follow-up can be ensured and provided symptoms don't worsen earlier. After this timeframe 48–72 hours, antibiotics may be considered for AOM
- Additionally, in patients with sinus infection, acute bacterial rhinosinusitis should be diagnosed and treated with antibiotics only if no improvement after 10 days or symptoms worsen after five to seven days.

This guideline perhaps may not apply to the following types of patients:

- infants less than 6 weeks old
- premature infants who are hospitalized
- children with craniofacial abnormalities such as cleft palate
- children who are immunocompromised or have severe underlying systemic disease
- children with complications of AOM (e.g., sepsis, mastoiditis)
- Also excluded are children with a clinical recurrence of AOM within 30 days or AOM with underlying chronic OME.
- The recommendations in this guideline do not indicate an exclusive course of treatment. Variations, taking into account individual circumstances, may be appropriate.