

Practice Guidance for Judicious Use of Antibiotics

In the well-appearing patient, antibiotics are not the answer.

Acute Otitis Media (AOM)

Diagnosis requires middle ear effusion (MEE) plus:

1. Moderate to severe bulging of the tympanic membrane (TM); *or*
2. New onset of otorrhea not due to otitis externa; *or*
3. Mild bulging of the TM and recent (< 48 hours) onset of ear pain or intense erythema of the TM

Criteria for Treatment with Antibiotics

Antibiotic therapy is indicated for patients with:

1. Severe* signs and symptoms of any age; *or*
2. Children < 2 yrs with milder symptoms but *bilateral* disease

Consider antibiotics or offer observation in the following situations, in consultation with parent/caretaker:

1. Children 6–23 months with mild symptoms and unilateral AOM;
2. Children > 2 years with mild symptoms, either unilateral or bilateral

All patients with AOM, whether treated with antibiotics or not, need an assessment for pain.

Oral medications are preferred due to longer duration of action.

* Severe symptoms defined as severe otalgia for at least 48 hrs. or temperature > 39°C.

Management

Amoxicillin (45 mg/kg/day po bid)

Use high-dose amoxicillin (90 mg/kg/day) if risk factor for penicillin-resistant pneumococcus present (local rates of resistance > 10%, age < 2 years, daycare exposure, recent hospitalization, immunocompromise or antibiotic use in past 3 months.)

For patients with conjunctivitis or who fail to improve after 48–72 hours, use antibiotic that provides coverage for beta-lactamase-producing organism, such as amoxicillin-clavulanate, cefixime, cefpodoxime, cefdinir or ceftriaxone.*

Duration: 10 days if < 2 years, 5–7 days if older.

Mild penicillin allergy (no hives or anaphylaxis): cefixime, cefdinir or cefpodoxime.

If history of hives or anaphylaxis with penicillin or unresponsive to above regimens: clindamycin, consider levofloxacin, consider ENT consultation and tympanocentesis.

* If used for persistent infection, may need 3 daily doses of ceftriaxone.

These guidelines were produced in collaboration with the Infectious Diseases Society of Oregon.

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