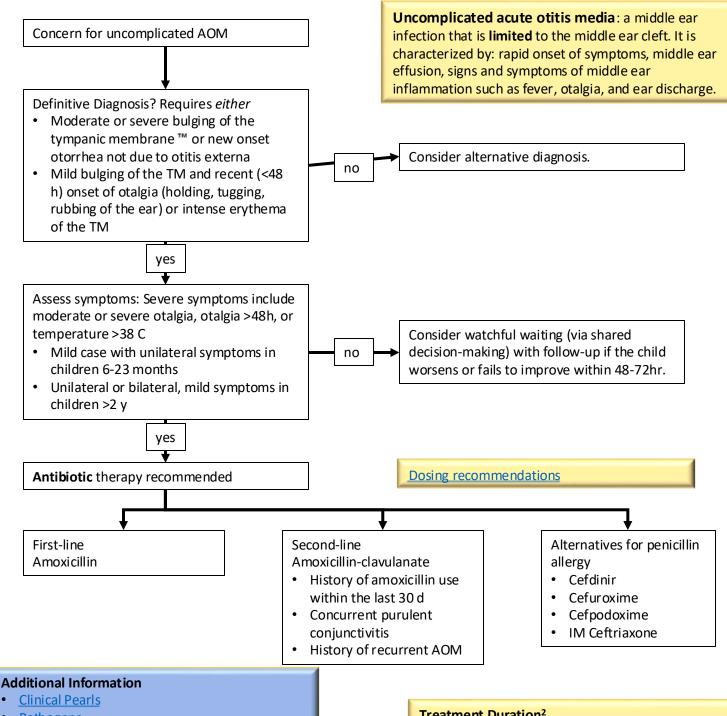


## **Pediatric Uncomplicated Acute Otitis Media Empiric Treatment Algorithm**

**Bibliography** 

**Disclaimers** 



- **Pathogens**
- Treatment failure
- AAP Guidelines for the Diagnosis and Management of AOM<sup>1</sup>
- AAP Red Book Systems-Based Treatment Table<sup>2</sup>
- **Bibliography**

### **Treatment Duration<sup>2</sup>**

- < 2 y or severe symptoms: 10 days</li>
- 2 5 y: 7 days
- > 5 y: 5 days



# Pediatric Uncomplicated Acute Otitis Media Empiric Treatment Algorithm

**Bibliography** 

**Disclaimers** 

#### **Treatment Considerations**

- Cefdinir is not preferred for treatment of pediatric bacterial infections due to (1) poor pharmacokinetic (PK) characteristics; (2) high rates of resistance; and (3) broad but mismatched spectrum of coverage3,4,5
- Acetaminophen or ibuprofen are recommended for treatment of mild to moderate pain
- Amoxicillin-clavulanate products are not interchangeable. Incorrect ratios could lead to subtherapeutic concentrations or severe diarrhea. High-dose, BID regimens should use 14:1 or 16:1 formulations: 600mg/42.9mg per 5 mL (ES) or 1000mg/62.5mg (Extended Release) tablet
- Up to 90% of penicillin allergies are misdiagnosed. Always clarify history of allergy and de-label if appropriate (e.g. family history without patient history). For more information on patient screening, contact the ASP pharmacist (502-629-5568) or consider referral to outpatient allergy.

### **Common AOM Bacterial Pathogens**

- Streptococcus pneumonia
- Nontypeable Haemophilus influenza
- Moraxella catarrhalis

### **Treatment Failure**

- After 48-72h of failure of initial antibiotic treatment (dosing below)
- First-line:
  - Amoxicillin-clavulanate
  - IM Ceftriaxone
- Alternative:
  - Clindamycin +/- 3rd generation cephalosporin (cefdinir, cefpodoxime, ceftriaxone)
  - Consider tympanocentesis or consultation with a specialist

#### **Dosing Recommendations**

- Amoxicillin 80-90 mg/kg/day oral BID (max 4,000 mg/day)
- Amoxicillin-clavulanate 90 mg/kg per day oral in 2 divided doses (max 4,000 mg amoxicillin/day)
  - Using ES-600 suspension or 1000 mg/62.5 mg ER tablet
- Cefdinir 14 mg/kg/day oral BID (max 600 mg/day)
  - 2 doses daily preferred for PK characteristics
- Cefuroxime 30 mg/kg/day oral BID (max 500 mg/dose)
- Cefpodoxime 10 mg/kg/day oral BID (max 200 mg/dose)
- Ceftriaxone 50 mg/kg IM or IV per day for 1-3 days

### **Additional Information**

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**Bibliography** 

**Disclaimers** 

### **Bibliography**

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The policies set forth in this policy library do not establish a standard to be followed in every case. It is impossible to anticipate all possible solutions that may exist and to prepare policies for each. These policies should be considered guidelines with the understanding that departures from them may be required at times. Accordingly, it is recognized that those individuals employed in providing healthcare are expected to use their own judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. If a policy contains references to clinical literature or other resources, such as Lippincott, Ovid, and/or Elsevier, these resources are only intended to support the reasoning for adoption of certain guidelines contained herein. It is not an endorsement of any article or text as authoritative. Norton Healthcare specifically recognizes there may be articles or texts containing other opinions on point that may be helpful and valid which would support other care or actions, given a particular set or circumstances. No literature is ever intended to replace the education, training and experience or exercise of judgment of the healthcare providers.

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