

Otitis Media

Case Definition

1. Moderate to severe bulging of TM OR new onset otorrhea not due to otitis externa
2. Mild bulging of TM and recent (< 48 hours) pain or intense erythema
3. Must have evidence of middle ear effusion (via pneumatic otoscopy or bulging/AFL/bubbles/otorrhea)

AAP Treatment Guidelines		
Age	6-23 months	24months +
Otorrhea with AOM	Antibiotics*	Antibiotics*
Unilat or Bilat Severe Symptoms	Antibiotics*	Antibiotics*
Bilat w/o otorrhea	Antibiotics*	Abx or obs option
Unilat w/o otorrhea	Abx or obs option	Abx or obs option

- 1st line antibiotic: Amoxicillin 80-90 mg/kg/day divided BID; Augmentin if Amox in last 30 days or purulent conjunctivitis or h/o Amox-resistant OM in past
- 2nd line antibiotic: Augmentin 90 mg/kg/day divided BID (use Augmentin ES 600mg/5mL)
- Alternatives: Cefdinir 14mg/kg/day divided qD-BID, Cefuroxime 30mg/kg/day divided BID, Cefpodoxime 10mg/kg/day divided BID, Ceftriaxone 50mg/kg IM or IV x 1-3 days, Clindamycin 30-40mg/kg/day divided TID w/ or w/o 3rd gen cephalosporin (with if giving for treatment failure)

Reference: The Diagnosis and Management of Acute Otitis Media, Clinical Practice Guideline from the AAP, Pediatrics Vol. 131, No. 3, March 1, 2013



Otitis Externa

Case Definition

1. Rapid onset (generally within 48 hours) in the past 3 weeks, AND
2. Symptoms of ear canal inflammation, which include: otalgia (often severe), itching, or fullness, WITH OR WITHOUT hearing loss or jaw pain, AND
3. Signs of ear canal inflammation, which include: tenderness of the tragus, pinna, or both OR diffuse ear canal edema, erythema, or both WITH OR WITHOUT otorrhea, regional lymphadenitis, TM erythema, cellulitis of pinna/adjacent skin

Condition	Antibiotics	Approx local cost
Mild: minimal canal edema, intact TM	Ofloxacin 5 (6mo-12yo) to 10 (13yo+) gtt qDay x 7 days OR Cortisporin ≥2yo: 3-4 gtt TID-QID x 10 days	\$18 / 5mL \$22 / 10mL
Mild, possible perforated* TM or h/o PE tubes	Ofloxacin 5 (6mo-12yo) to 10 (13yo+) gtt qDay x 7 days	\$18 / 5mL
Moderate: partially occluded canal, moderate canal edema, intact TM	Cortisporin ≥2yo: 3-4 gtt TID-QID x 10 days	\$22 / 10mL
Moderate: partially occluded canal, moderate canal edema, possible perforated* TM or h/o PE tubes	Ciprodex or Cipro HC: ≥ 6mo 4 gtt BID x 7 days <small>[Cipro ophth formulation is OK for ears if insurance not covered; reverse is not true]</small>	\$213 / 7.5 mL ciprodex \$300 / 10 mL ciproHC
Severe: complete occlusion	As for moderate + place wick	As for moderate
Consider malignant if: DM, immunodeficient, periauricular infection, pain out of proportion	Systemic abx against <i>Staph aureus</i> , <i>Pseudomonas</i>	n/a

* If possibly perforated TM and insurance won't cover fluoroquinolone, consider cortisporin but must be SUSPENSION

References: Clinical Practice Guideline: Acute Otitis Externa. Otolaryngol Head Neck Surg 2014;150(1 Suppl):S1-S24, Nationwide Children's: Topical Otic Therapy Recommendations for Bacterial Acute Otitis Externa (AOE), GoodRx app for local prices