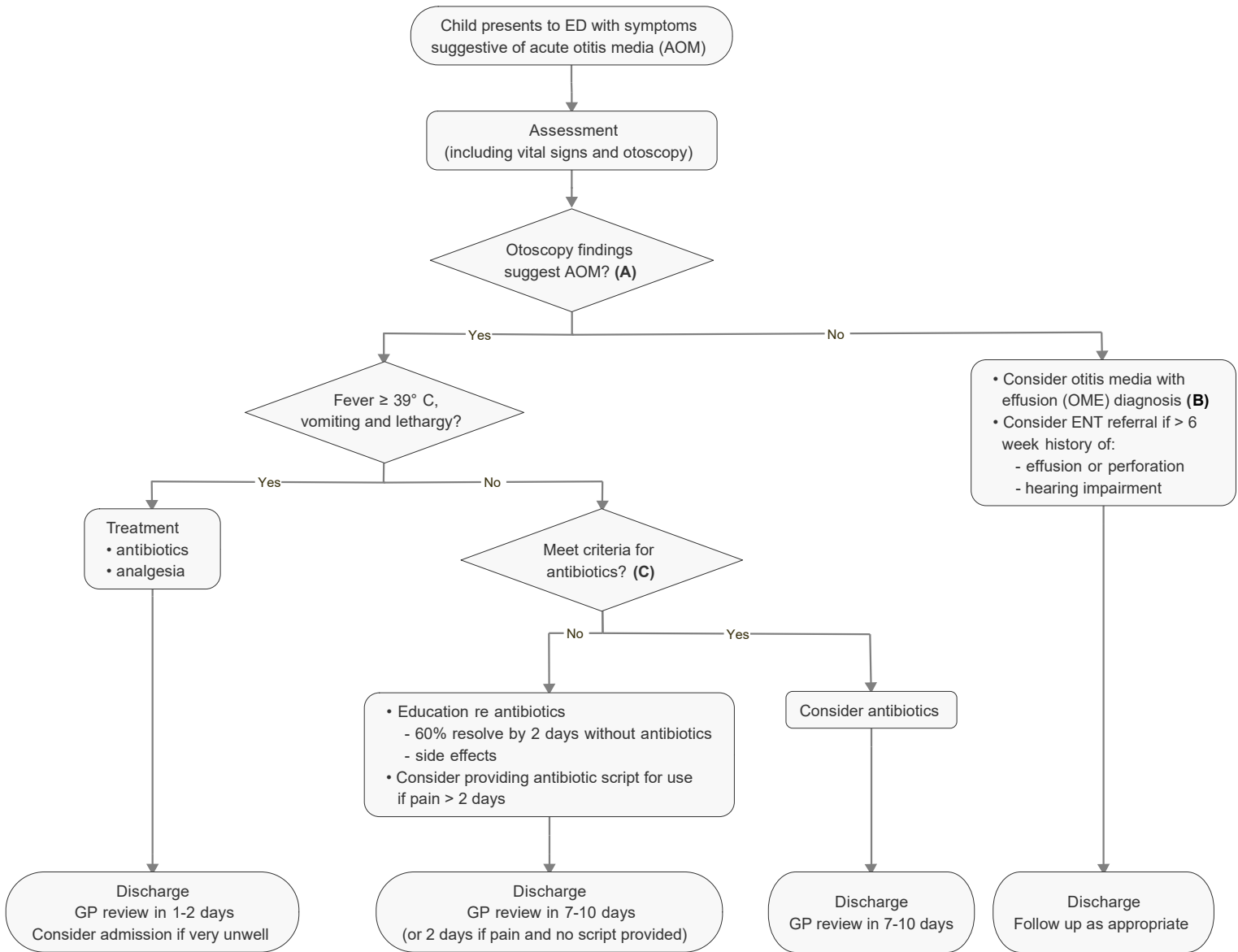


Acute Otitis Media- Emergency Management in Children - Flowchart



A. AOM Otoscopy findings

Tympanic membrane is:

- bulging
- red, white or pale yellow

Redness alone is not suggestive of AOM

B. OME Otoscopy findings

Tympanic membrane is:

- retracted or in the neutral position
- amber or blue

A fluid level or bubbles may be seen behind the tympanic membrane

C. Consider antibiotic therapy if:

- age < 6 months
- age < 2 years with bilateral AOM
- symptoms > 48 hrs
- severe symptoms
- evidence of perforation (purulent otorrhoea or perforation visualised)
- those at higher risk of complications (such as CSOM or mastoiditis) including:
 - Indigenous and Torres Strait Islander
 - immunocompromised
 - uncertain access to follow-up

For more information refer to the *Statewide Paediatric Guideline: Acute Otitis Media - Emergency Management in Children*

Acute Otitis Media- Emergency Management in Children – Medications

Analgesia dosing for the management of acute otitis media in children	
Paracetamol (PO)	>3 months 15mg/kg/dose (max 1g) orally 4 times a day
Ibuprofen (PO)	>3 months: 10mg/kg/dose (max 400mg) orally 4 times a day
Oxycodone (PO)	0.1mg/kg/dose (max 10mg) orally every 4 hours when required

Antibiotic therapy for the treatment of acute otitis media in children - CHQ Antibiocard*	
Amoxicillin (PO)	25mg/kg/dose (maximum 1000 mg) 8-hourly for 5 days OR If suspect non-compliance: 45mg/kg/dose orally (maximum 1000mg) 12-hourly for 5 days
Amoxicillin +clavulanate (PO)	Broadened cover with Amoxicillin + clavulanate should be considered for children: <ul style="list-style-type: none"> • who have an inadequate response within 48-72 hours of Amoxicillin (to cover against beta-lactamase producing strains of <i>Haemophilus influenza</i> or <i>Moraxella catarrhalis</i>) • with a concurrent conjunctivitis (conjunctivitis-otitis syndrome) to cover for <i>Haemophilus influenza</i> For these patients use: Amoxicillin + clavulanate 22.5mg/kg (Amoxicillin component) (up to maximum 500mg amoxicillin/125mg clavulanate per dose) 8-hourly for 5-7 days.
Cephalexin (PO)	For delayed type hypersensitivity (eg rash) to penicillins: 12.5 mg/kg/dose (maximum 500 mg) 6-hourly for 5 days
Trimethoprim+ sulfamethoxazole (PO)	For children ≥ 1 month with immediate hypersensitivity to penicillins/cephalosprins: 4mg/kg/dose (Trimethoprim component) (up to 160mg Trimethoprim/800mg Sulfamethoxazole) 12-hourly for 5 days
Ciprofloxacin (Topical) (3mg/mL Ciloxan® eardrops)	5 drops BD May shorten the duration of symptoms if a perforation or tympanostomy tube (grommet) is present with purulent otorrhoea

* www.childrens.health.qld.gov.au/health-professionals/ams-aim-gdl/

For further information see *Statewide Paediatric Guideline: Acute Otitis Media- Emergency Management in Children*