



ACUTE OTITIS MEDIA (AOM) ENCOUNTER FORM

Patient's name: _____ Age/Date of birth: ____ / ____ Medical record #: _____

HISTORY OF PRESENT ILLNESS

PAIN ASSESSMENT

- None
- Mild
- Moderate
- Severe
- Unknown

PHYSICAL EXAMINATION

Blood pressure: _____ Heart rate: _____ Temperature: _____

- General:** Alert, appropriate Other: _____
- Eyes:** Conjunctiva not injected Other: _____
- Nose:** Normal mucosa, no discharge Other: _____
- Pharynx:** Normal pharynx and tonsils Other: _____
- Lungs:** Clear to auscultation bilaterally Other: _____
- Skin:** No rash or lesions Other: _____

Certain diagnosis of acute otitis media requires at least one item in each of groups A, B and C:

A. Acute onset

- Recent, usually abrupt onset of signs and symptoms of middle-ear inflammation and effusion

B. Middle-ear effusion

- Left Right Bulging of the tympanic membrane
- Left Right Limited or absent mobility of the tympanic membrane
- Left Right Air-fluid level behind the tympanic membrane
- Left Right Otorrhea

C. Middle-ear inflammation

- Left Right Distinct erythema of the tympanic membrane
- Left Right Distinct otalgia (discomfort clearly referable to the ear[s] that interferes with or precludes normal activity or sleep)

ASSESSMENT/PLAN

Diagnosis:

- Acute otitis media: Left Right
- Diagnostic certainty (based on A, B and C, above): Certain Uncertain
- Severity: Severe (temperature of 39°C [102.2°F] or moderate-to-severe otalgia) Not severe
- Otitis externa Cerumen impaction Upper respiratory infection Pharyngitis Other: _____

Management:

- Antibiotic therapy not indicated (see Decision Support). Observe for 48 to 72 hours. If the patient is not improving, reevaluate and consider antibiotic therapy.
- Antibiotic therapy indicated (see Decision Support). Select from the options below:

Initial treatment of nonsevere infection:

- Amoxicillin, 40 to 45 mg per kg orally twice daily for 10 days (6 to 7 days if the patient is at least six years of age and has nonsevere illness)

If the patient is allergic to the above, consider one of the following agents:

- Cefdinir, 7 mg per kg orally twice daily for 5 to 10 days
- Cefuroxime, 15 mg per kg orally twice daily for 10 days
- Cefpodoxime, 10 mg per kg orally once daily for 5 days
- Azithromycin, 10 mg per kg orally once daily for 1 day, followed by 5 mg per kg once daily for 4 days
- Clarithromycin, 7.5 mg per kg orally twice daily for 10 days

Initial treatment of severe infection:

- Amoxicillin-clavulanate, 45 mg per kg/3.2 mg per kg orally twice daily for 10 days

If the patient is unable to take antibiotics orally, consider this treatment:

- Ceftriaxone, 50 mg per kg per day intramuscularly for 3 days

Follow-up treatment for severe infection (initial antibiotic treatment failed):

- Ceftriaxone, 50 mg per kg per day intramuscularly for 3 days

If the patient is allergic to penicillin, consider this treatment:

- Tympanocentesis plus clindamycin, 10 to 13 mg per kg orally every 8 hours for 10 days

Other follow-up treatment (see additional options listed in Antibiotic Selection table):

- _____

Pain control:

- Acetaminophen Ibuprofen Topical benzocaine drops Other: _____

Follow-up:

- 48 to 72 hours _____ days p.r.n.

PHYSICIAN'S SIGNATURE: _____ DATE: _____



DECISION SUPPORT

Age: 2 months to 6 months

Antibiotics always recommended for suspected or certain AOM (see table below).

Age: 6 months to 2 years

Certain diagnosis of AOM: antibiotics recommended (see table below).

Uncertain diagnosis of AOM and severe illness (temperature of 39°C [102.2°F] or moderate-to-severe otalgia): antibiotics recommended (see table below).

Uncertain diagnosis of AOM and nonsevere illness: option of observation without antibiotics for 48 to 72 hours if follow-up is ensured.

Age: over 2 years

Certain diagnosis of AOM and severe illness (temperature of 39°C [102.2°F] or moderate-to-severe otalgia): antibiotics recommended (see table below).

Certain diagnosis of AOM and nonsevere illness: option of observation without antibiotics for 48 to 72 hours if follow-up is ensured.

Uncertain diagnosis of AOM and nonsevere illness: option of observation without antibiotics for 48 to 72 hours if follow-up is ensured.

ANTIBIOTIC SELECTION

Severity	Initial management with antibacterial agents		Treatment failure at 48 to 72 hours after initial management with observation		Treatment failure at 48 to 72 hours after initial management with antibacterial agents	
	Recommended antibiotic	Alternatives	Recommended antibiotic	Alternatives	Recommended antibiotic	Alternatives
Nonsevere	Amoxicillin	Type I penicillin allergy: azithromycin, clarithromycin Non-type I allergy: cefdinir, cefuroxime, cefepodoxime	Amoxicillin	Type I penicillin allergy: azithromycin, clarithromycin Non-type I allergy: cefdinir, cefuroxime, cefepodoxime	Amoxicillin-clavulanate	Type I penicillin allergy: clindamycin Non-type I allergy: ceftriaxone for 3 days
Severe	Amoxicillin-clavulanate	Ceftriaxone for 3 days	Amoxicillin-clavulanate	Ceftriaxone for 3 days	Ceftriaxone for 3 days	Tympanocentesis plus clindamycin

Recommended dosages

Amoxicillin, 40 to 45 mg per kg orally twice daily for 10 days

(6 to 7 days if the patient is at least six years of age and has nonsevere illness)

Amoxicillin-clavulanate, 45 mg per kg/3.2 mg per kg orally twice daily for 10 days

(6 to 7 days if the patient is at least six years of age and has nonsevere illness)

Ceftriaxone, 50 mg per kg intramuscularly for 1 day

Ceftriaxone, 50 mg per kg intramuscularly for 3 days (preferred)

Clindamycin, 10 to 13 mg per kg orally every 8 hours for 10 days

Cefdinir, 7 mg per kg orally twice daily for 5 to 10 days

Cefuroxime, 15 mg per kg orally twice daily for 10 days

Cefepodoxime, 10 mg per kg orally once daily for 5 days

Azithromycin, 10 mg per kg orally once daily for 1 day, followed by 5 mg per kg once daily for 4 days

Clarithromycin, 7.5 mg per kg orally twice daily for 10 days

Note: Dosages and durations of treatment are recommendations from the guideline on the diagnosis and management of acute otitis media released by the American Academy of Pediatrics and American Academy of Family Physicians. Pediatric doses based on weight should not exceed usual adult doses.