

Table 1: Antibiotic Treatment Recommendations for AOM¹⁰

Characteristics	Therapeutic Tips	First Choice	Treatment Failure Noted on Day 3	Treatment Failure Noted on Day 10–28 ^a
Age < 1 mo	Investigate for bacteremia; acute otitis media often due to gram-negative bacteria	Refer to nearest emergency department for further assessment; symptoms such as fever may be related to sepsis in this age group.	n/a	n/a
Age < 2 y No risk factors (no antibiotics in prior 3 months, no daycare attendance)	Treat most cases of acute otitis media with antibiotic for 10 days	Standard-dose amoxicillin: 40 mg/kg/day divided BID or TID	High-dose amoxicillin/clavulanate ^b or cefprozil or cefuroxime axetil or ceftriaxone im for 3 days	High-dose amoxicillin/clavulanate ^b or cefprozil or cefuroxime axetil or ceftriaxone im for 3 days
Age < 2 y With risk factors (received antibiotics in prior 3 months or daycare attendance)	Treat most cases of acute otitis media with antibiotic for 10 days	High-dose amoxicillin: 80–90 mg/kg/day divided BID or TID	High-dose amoxicillin/clavulanate ^b or cefprozil 30 mg/kg/day or cefuroxime axetil 30 mg/kg/day or ceftriaxone im for 3 days Consider tympanocentesis	High-dose amoxicillin/clavulanate ^b or cefprozil 30 mg/kg/day or cefuroxime axetil 30 mg/kg/day or ceftriaxone im for 3 days Consider tympanocentesis
Age > 2 y No risk factors (no frequent bouts AOM and no antibiotics in prior 3 months)	Consider deferring treatment to see if acute otitis media resolves in 48–72 h only if follow-up can be ensured and if antibacterial therapy can be initiated if symptoms worsen Treat for 5 days ¹⁰	Standard-dose amoxicillin: 40 mg/kg/day divided BID or TID	High-dose amoxicillin/clavulanate ^b or cefprozil 30 mg/kg/day or cefuroxime axetil 30 mg/kg/day or ceftriaxone im for 3 days	High-dose amoxicillin/clavulanate ^b or cefprozil 30 mg/kg/day or cefuroxime axetil 30 mg/kg/day or ceftriaxone im for 3 days Consider tympanocentesis

(cont'd)

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(cont'd)

Characteristics	Therapeutic Tips	First Choice	Treatment Failure Noted on Day 3	Treatment Failure Noted on Day 10–28 ^a
Age > 2 y With risk factors (received antibiotics in prior 3 months)	Consider deferring treatment to see if acute otitis media resolves in 48–72 h only if follow-up can be ensured and if antibacterial therapy can be initiated if symptoms worsen Treat for 5 days ¹⁰	High-dose amoxicillin: 80–90 mg/kg/day divided BID or TID	High-dose amoxicillin /clavulanate ^b or cefprozil 30 mg/kg/day or cefuroxime axetil 30 mg/kg/day or ceftriaxone im for 3 days Consider tympanocentesis	High-dose amoxicillin/clavulanate ^b or cefprozil 30 mg/kg/day or cefuroxime axetil 30 mg/kg/day or ceftriaxone im for 3 days Consider tympanocentesis
Any age Frequent bouts of acute otitis media	Verify acute otitis media Treat acute otitis media episode for ≥ 10 days Consider Prevnar if age < 5 y Give influenza vaccine every year, all ages	High-dose amoxicillin/clavulanate ^b	Ceftriaxone im for 3 days Consider tympanocentesis	High-dose amoxicillin/clavulanate ^b or cefprozil or cefuroxime axetil or ceftriaxone im for 3 days
Allergic to penicillin	Verify true anaphylactoid-type allergy: hives; swollen lip, mouth, or throat; wheezing; ↓ BP	Clarithromycin 15 mg/kg/day or azithromycin	Tympanocentesis	Clarithromycin 15 mg/kg/day or azithromycin Consider tympanocentesis

^a Choose an agent not previously used for the same infection.

^b High-dose amoxicillin/clavulanate: amoxicillin 40 mg/kg/day plus amoxicillin/clavulanate liquid (Clavulin-200 or Clavulin-400) 40 mg/kg/day of the amoxicillin component **OR** amoxicillin/clavulanate liquid (Clavulin-200 or Clavulin-400) can be given at a dose of 80 mg/kg/day of the amoxicillin component (may cause diarrhea). May be given TID rather than BID to minimize gastrointestinal side effects.

Abbreviations: BP = blood pressure; n/a = not applicable