Management of Acute Otitis Media in Children Six Months of Age and Older – CPS
Guideline Summary

Nicole Le Saux, Joan L Robinson; Canadian Paediatric Society, Infectious Diseases and Immunization Committee. Paediatr Child Health 2016;21(1):39-44.
http://www.cps.ca/documents/position/acute-otitis-media

The following was adapted from the Canadian Paediatric Society’s statement on “Management of Acute Otitis Media in Children Six Months of Age and Older”. Please see the full statement for the full recommendations from the Canadian Paediatric Society.

Etiology:
Viral upper respiratory tract infections frequently lead to middle ear effusions. These effusions can become populated with viruses or bacteria, leading to acute otitis media (AOM). Cases of viral AOM are likely to have spontaneous resolution without therapy. Bacterial causes are most commonly Streptococcus pneumoniae, Haemophilus influenzae and Moraxella catarrhalis.

Diagnosis:
Proper diagnosis of acute otitis media requires:

a. Signs of a middle ear effusion (eg. immobile tympanic membrane with or without opacification, loss of boney landmarks, or a tympanic membrane that has ruptured)
b. Middle ear inflammation (eg. bulging of discouloured tympanic membrane)
c. Acute onset of symptoms

General symptoms of AOM include rapid onset of ear pain or unexplained irritability in a preverbal child.

Treatment:
Watchful waiting for 24 to 48h with assurance is appropriate when:

a. Otherwise healthy child older than six months of age
b. No craniofacial abnormalities
c. Mild clinical signs and symptoms - No perforation, fever <39 degrees in the absence of antipyretics, <48 hours of illness, alert, responsive, able to sleep.
d. Follow-up by family likely to occur

General assurance includes advice regarding analgesia and for the family to return if the child is not improved in that time period. Families can also be provided a deferred prescription (a prescription to be filled at their own discretion).

If you are deciding to treat, then first line therapy is high-dose amoxicillin at 75 mg/kg/day to 90 mg/kg/day divided bid for five days in children older than two years of age and 10 days for younger children or those with frequent or complicated AOM (ie. perforation.)
The influenza vaccine and pneumococcal conjugate vaccine should be offered to all children of appropriate age.

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