

Hunter New England Health - Southern sector  
**PAEDIATRIC ACUTE OTITIS MEDIA MANAGEMENT**  
**IN EMERGENCY DEPARTMENTS**  
(Rural hospital)

**DIAGNOSIS**  
Acute ear pain or irritability **and**  
Inflamed drum **and**  
Middle ear effusion: bulging drum **OR** fluid level **OR** reduced movement of drum **OR**  
purulent discharge **OR** reduced light reflect  
\* Consult Therapeutic Guidelines

**Toxic OR vomiting OR high fever > 39.5°C per axilla**  
(NB: If under 3 months, refer to fever pathway)

YES

**Consult Paediatrician**  
**Consider transfer to higher level care facility**  
(NETS Hotline: 1300 36 2500)

NO

**ANALGESIA**  
Paracetamol 15mg/kg 4<sup>th</sup> hourly (maximum daily dose 60 mg/kg), for no longer than 48hrs without medical review  
**OR** Ibuprofen 5-10mg/kg orally 8<sup>th</sup> hourly  
± Auralgan Otic 2<sup>nd</sup> hourly (NOT infants **OR** with perforated eardrum)

**Age < 2 years**  
Commence antibiotics at this stage if child has any \*risk factors

**Age > 2 years**  
Consider \*risk factors

Reassess within 24 hours  
Give Parent information

Reassess at 48 hours  
Give Parent Information

**\*Risk Factors**  
**Consider antibiotics at this stage for these groups:**

- Aboriginal
- Downs Syndrome
- Cleft palate
- Not immunised against pneumococcus
- Grommets
- Concern that child will not be re-assessed within 24 hrs

**Consult Therapeutic Guidelines**

Symptoms resolving?

YES

NO

**Medical Advice/Review**

**Give:**  
Amoxicillin 15-20mg/kg/dose TDS **or** 30mg/kg BD for 5 days  
High dose amoxicillin (30mg/kg dose) if grommets, in day care, age < 2 years or antibiotics in last 3 months  
**Refer to Therapeutic Guidelines**  
**Use** a macrolide if previous anaphylaxis or well documented allergic reaction to penicillin  
**Review 48 hours**

Symptoms resolving?

YES

**No further treatment**

NO

Consider alternative diagnosis/complications  
If none, commence amoxicillin/clavulanate 22.5mg+3.2mg/kg/dose TDS for 5-7 days  
Consult Paediatrician

**Other Consideration:**  
Medical review if ear symptoms, hearing difficulty persists after 2-3 months or language delay, to check for persistent effusion