

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 4th hourly (maximum daily dose 60 mg/kg), for no longer than 48hrs without medical review
OR Ibuprofen 5-10mg/kg orally 8th hourly
± Auralgan Otic 2nd 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

No further treatment

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