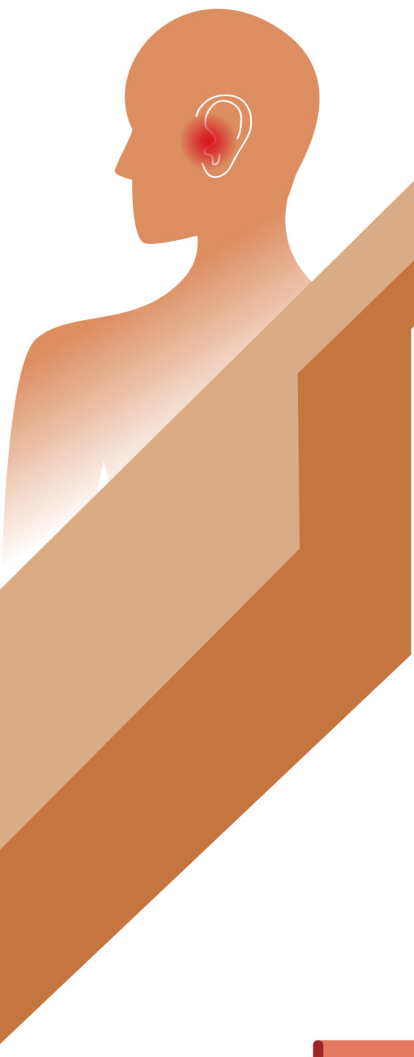


## Acute Otitis Media



### Clinical diagnosis of acute otitis media (AOM)

Child with fever, otalgia (holding, tugging, rubbing of the ear), sleep disturbance, fussiness  
+  
Moderate to severe tympanic membrane bulging  
or  
Mild bulging and recent otalgia (<48 hours) / Mild bulging and intense erythema / New onset of otorrhoea not due to acute otitis externa

**Yes**

AOM

**No**

Not AOM

Systemically unwell / serious signs or symptoms/ high risk of complications (**Red flag signs/symptoms** include fever  $\geq 39^{\circ}\text{C}$ , drowsiness, rapid breathing, rapid heart rate, severe ear pain and signs/symptoms of intracranial complications (e.g. neck stiffness, change in mental status, seizure, and focal neurological deficit))

**Yes**

Immediate antibiotics  
+/- hospitalisation

**No**

AOM with otorrhoea / Child under 2 with bilateral AOM

**Yes**

Antibiotics prescribing options  
■ Back-up antibiotics prescription  
or  
■ Immediate antibiotics

**No**

Antibiotics prescribing options  
■ No antibiotics  
or  
■ Back-up antibiotics prescription

Advice for patient (next page)

When **NO ANTIBIOTICS** is given, advise:

- AOM usually lasts about 3 days but can persist up to 1 week
- Most get better within 3 days without antibiotics
- Seek medical help if symptoms are not getting better within 48 to 72 hours, worsen quickly or significantly or patient becomes very unwell

When **BACK-UP ANTIBIOTICS** prescription is given, advise:

- Antibiotics is not needed now
- Use prescription if no improvement in 3 days or symptoms worsen
- Seek medical help if symptoms are not getting better within 48 to 72 hours, worsen quickly or significantly or patient becomes very unwell

When **IMMEDIATE ANTIBIOTICS** is given, advise:

- Seek medical help if symptoms are not getting better within 48 to 72 hours, worsen quickly or significantly or patient becomes very unwell

**Table 1. Recommended antibiotic treatment for AOM in children and young people under 18 years**

Drug (Route)	Dosage and Frequency (Usual)	Duration
<b>First line</b>		
Amoxicillin (oral)	90 mg/kg/day, in 3 divided doses (Maximum: 3000 mg per day)	7 days
<b>Alternative first choice oral antibiotic for penicillin allergy or intolerance*</b>		
Clarithromycin (oral)	1 month to 11 years: Under 8 kg: 7.5 mg/kg twice a day 8 to 11 kg: 62.5 mg twice a day 12 to 19 kg: 125 mg twice a day 20 to 29 kg: 187.5 mg twice a day 30 to 40 kg: 250 mg twice a day 12 to 17 years: 250 mg to 500 mg twice a day	7 days
<b>Second line (worsening symptoms on first choice taken for at least 2 to 3 days)</b>		
Amoxicillin-clavulanate (oral)	Containing amoxicillin 90 mg/kg/day in 3 divided doses (Maximum dose of amoxicillin: 3000 mg per day)	7 days
<b>Alternative second choice oral antibiotic for penicillin allergy or intolerance</b>		
Refer to Specialist or Hospital for further management		

\*Erythromycin is preferred if pregnancy: 250-500 mg four times a day or 500-1000 mg twice a day for 7 days.

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