

ACUTE OTITIS MEDIA IN CHILDREN V1.2

Comments from the Expert Advisory Group

- Acute otitis media (AOM) is very common in children
- The cause of the majority of AOM cases is viral.
- Illness resolves over 3 days in 80% without antibiotics
- AOM is usually self-limiting even if it from a bacterial cause
 - It is often difficult to distinguish between viral or bacterial otitis media (both are often present at the same time)
- Pain relief and parent information are the most important factors
- Antibiotics do not reduce pain in the first 24 hours
- Treat pain with adequate and regular simple analgesia
 - Regular paracetamol or ibuprofen at correct maximum dose for weight (see dosing tables for paediatric analgesia)
- Healthcare professionals can use their clinical judgement to decide when dosing by weight is more appropriate (e.g. for underweight children) as per the dosing charts.
 - [Weight-based dosing for Paracetamol in Children PDF 785.3 KB](#)
 - [Weight-based dosing for Ibuprofen in Children PDF 781.7 KB](#)

Consider no antibiotics in the majority of children.

- GPs can use the [Respiratory infection information leaflet \(including self-care and safety-netting advice\)](#) during consultations with patients aged 3 months and above presenting with otitis media where there is no immediate need for an antibiotic.
- Children aged ≥ 2 years or children < 2 years with only 1 ear affected and no otorrhoea
 - Consider no antibiotics, or, a back-up prescription to be used if no improvement in 3 days or if symptoms worsen
- Those that may benefit from immediate antibiotics are children aged < 2 years with bilateral infection or those with otorrhoea secondary to a perforated eardrum.
 - Other options in these patients include no antibiotic or a back-up prescription to use if symptoms worsen or fail to improve within 3 days.
- Advise parents:
 - Most children and young adults get better within 3 days, without antibiotics
 - Symptoms last for about 3 days, but can last for up to 1 week
 - To return if symptoms worsen rapidly or significantly

Overall evidence on antibiotics in acute otitis media:

- Most children will get better within 3 days without antibiotics
- Antibiotics make little difference to the number of children whose symptoms improve
- Antibiotics make little difference to the time it takes for the symptoms to improve
- Antibiotics have minimal impact on recurrence, short term hearing loss or eardrum perforation
- Complications from otitis media i.e. mastoiditis are rare with or without antibiotics
 - We would need to treat 2504 patients < 20 years with antibiotics to prevent 1 case of mastoiditis
- Complications from antibiotics including diarrhoea and nausea are relatively common

Evidence for other medications in otitis media

- Decongestants, antihistamines and corticosteroids have not been shown to be effective in AOM

ACUTE OTITIS MEDIA IN CHILDREN V1.2

Treatment

If antibiotics deemed clinically indicated:

Otitis media in children antibiotic treatment table (if antibiotics are indicated)			
Drug	Dose	Duration	Notes
1st choice option			7-day courses may be reserved for those with more severe or recurrent infection.
Amoxicillin	Refer to dosing table	5 days	
Penicillin Allergy			Avoid amoxicillin and co-amoxiclav in penicillin allergy.
Clarithromycin	Refer to dosing table	5 days	
2nd choice option: if symptoms worsen on a first-choice antibiotic taken for at least 2 to 3 days.			
Co-amoxiclav	Refer to dosing table	5 days	

Patient Information

[HSE A-Z Ear infections](#)

[HSE A-Z Common illnesses](#)