

CT Children's CLASP Guideline

Otitis Media

INTRODUCTION

Otitis media is exceedingly common in childhood and has many etiologies. Symptoms of otitis media are variable, but may include otalgia, fever, irritability, poor sleep, temporary hearing loss, and/or otorrhea. Most episodes of acute otitis media (AOM) are managed uneventfully in the outpatient setting, either through watchful waiting or directed antimicrobial therapy.

However, despite adequate therapy, 3-7% of all children are candidates for tympanostomy tubes.

Indications for surgical intervention include:

- Recurrent infections (3 or more well-documented and separate AOM episodes in the last 6 months, **or** at least 4 well-documented and separate AOM episodes in the last 12 months with at least 1 in the last 6 months)
- Chronic effusion for 3 months or more that is associated with hearing loss
- Complications from otitis media, although rare, may require prompt surgical intervention and management (e.g., mastoiditis, associated abscess, facial nerve paresis)

For further information, please see [References](#).

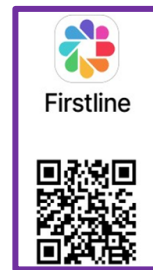
INITIAL EVALUATION AND MANAGEMENT

INITIAL EVALUATION:

- The goal of the initial evaluation is to establish the diagnosis and severity of otitis media

INITIAL MANAGEMENT:

- The management of routine otitis media is based on clinical judgment and the American Academy of Pediatrics and American Academy of Otolaryngology clinical practice guidelines (see [References](#)).
 - Of note, newer literature supports a watch and wait approach and shorter duration of antibiotic course. Specific up-to-date prescribing recommendations may be found in Firstline. Firstline is a free, evidence-based clinical decision point-of-care antimicrobial prescribing tool that can be accessed on the web or downloaded as a mobile app. All of the prescribing recommendations are vetted by our CT Children's Antimicrobial Stewardship Program and are based on our local inpatient and outpatient antibiograms.
 - Available via web at: <https://app.firstline.org>
 - Download the mobile app via the QR Code:
- Special situations:
 - If otorrhea is present *with* tympanostomy tubes, the recommendation is to start ototopical drops
 - If otorrhea persistent for > 3 days without improvement on drops, transition to oral antibiotics
 - If otorrhea is present *without* tympanostomy tubes, the recommendation is to start oral antibiotics
 - If chronic otitis media with effusion is present for 3 months or more, conduct a hearing screen (or refer to Audiology if unable to do a hearing evaluation in the primary care office)
 - If complications due to otitis media are present or impending, referral to the Emergency Department is strongly encouraged to facilitate timely imaging studies and hospital admission if necessary
- See [When to Refer](#) for more information



WHEN TO REFER	WHEN TO REFER TO EMERGENCY DEPARTMENT: <ul style="list-style-type: none"> ▪ Redness and swelling behind the ear ▪ Proptosis and lateral and forward displacement of the ear ▪ Change in mental status ▪ Vertigo ▪ Sudden loss of hearing ▪ Facial nerve dysfunction ▪ Severe headache ▪ Neck stiffness 	WHEN TO REFER TO OTOLARYNGOLOGY: Routine Referral (within 4 weeks): <ul style="list-style-type: none"> ▪ Persistent otorrhea (>2 weeks) ▪ No clinical improvement after multiple courses of antibiotics ▪ Recurrent infections (at least 3 in 6 months, 4 in 12 months) ▪ Chronic otitis media with effusion for 3 months or greater with or without associated hearing loss
HOW TO REFER	Referral to Otolaryngology Department via CT Children's One Call Access Center Phone: 833.733.7669 Fax: 833.226.2329 Referral to Audiology: Phone: 860.545.9642 Fax: 860.545.9662 For more information on how to place referrals to Connecticut Children's, click here	Information to be included with the referral: <ul style="list-style-type: none"> ▪ Notes from the initial and follow up visits with the PCP, including dates of infections with antibiotic treatment ▪ Results of any hearing tests or tympanometry ▪ Results of any radiology studies ▪ Results of any ear fluid cultures
WHAT TO EXPECT	What to expect from CT Children's Emergency Department visit: <ul style="list-style-type: none"> ▪ History, physical exam ▪ Possible imaging (CT temporal bones with contrast, MRI) ▪ Possible laboratory tests ▪ Possible admission for IV antibiotics ▪ Possible urgent otolaryngology consultation ▪ Possible urgent surgical intervention 	What to expect from CT Children's Otolaryngology visit: <ul style="list-style-type: none"> ▪ History, physical exam ▪ Possible exam with binocular microscopy ▪ Possible culture of otorrhea ▪ Possible recommendation for surgical management