

Don't Play it by Ear: APPROPRIATE

PRESCRIBING IN ACUTE OTITIS - ASHLEAH COURTNEY, MD, MSPH, FAAP AUG 21, 2022

ACUTE OTITIS MEDIA:
MOST COMMON INDICATION
FOR ANTIBIOTICS

ANTIMICROBIAL
STEWARDSHIP

PRESCRIBING RIGHT Rx
+ DURATION - 5 DAYS USUALLY
+ FORMULATION

DIAGNOSIS

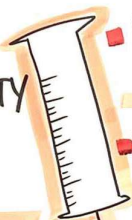
- MOD/SEVERE BULGING OF TM
- MILD TM BULGING + RECENT ONSET
- NOT IN CHILDREN WHO DON'T HAVE MEE



- AMOXICILLIN
 - NOT RECEIVED IN PAST 30 DAYS
 - NOT HAVE CONCURRENT PURULENT CONJUNCTIVITIS
 - ALLERGIC TO PENICILLIN
 - WITH ADD'L B-LACTAMASE
 - IF RECEIVED AMOX. IN LAST 30
 - HAS CONCURRENT PURULENT CONJUNCTIVITIS
 - HISTORY OF UNRESPONSIVE TO AMOX

- TM IMMOBILITY
- CLOUDINESS
- BULGING

- ANTIBIOTICS
 - ≥ 6 MTH WITH SEVERE
 - 6-23 MTHS WITH BIATERAL



EPIDEMIOLOGY SHIFTS
DUE TO VACCINES

THE NUMBER NEEDED
TO TREAT IS RISING

STREP. PNEOMO
NEEDS HIGH DOSE
AMOX.

EXTRA CLAVULANATE
CAUSES DIARRHEA

TASTE THINGS YOU'RE
GIVING!

CEFDINIR

AUGMENTIN
ORANGES
GENTLY BANANAS

THERE ARE NOT NUMBERS

WE CANNOT EXTRAPOLATE
CEF. SUSCEPTIBILITY FROM
CEFTRIAXON SUSCEPTIBILITY

STREP. PNEOMO
SUSCEPTIBILITIES
CAN BE TESTED OR
EXTRAPOLATED

CEFDINIR WORSE
THAN AMOX/CLAV
ES FOR THOSE
< 24 MTHS IN PP

OTITIS IS SUBJECTIVE
AND NOT-A-TARGET
FOR IMPROVING PRACTICES