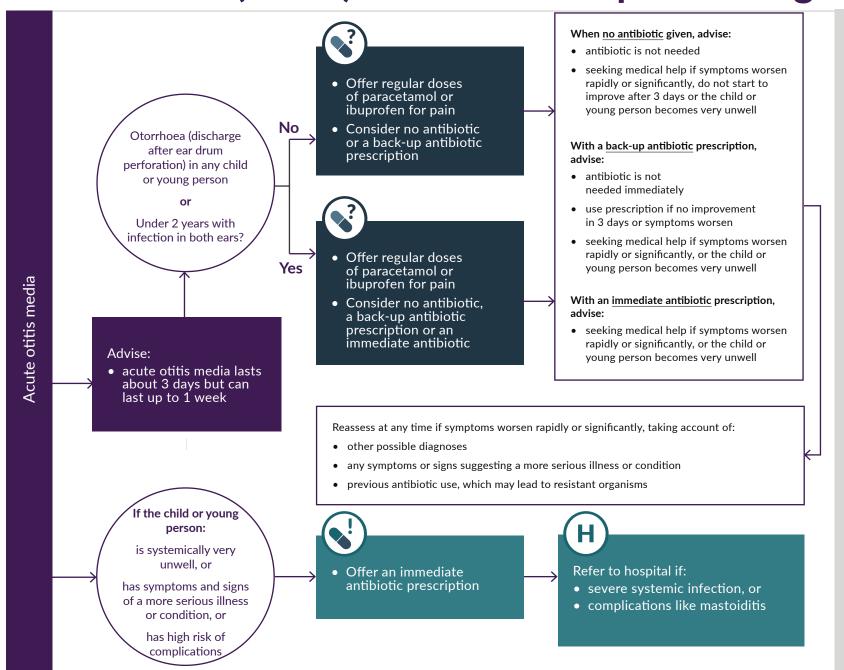
Otitis media (acute): antimicrobial prescribing NICE National Institute for Health and Care Excellence





Non-antimicrobial treatments

- Offer regular doses of paracetamol or ibuprofen for pain. Use the right dose for the age or weight of the child at the right time, and use maximum doses for severe pain
- Consider ear drops containing an anaesthetic and an analgesic for pain if an immediate antibiotic is not given. and there is no ear drum perforation or otorrhoea
- Evidence suggests that decongestants or antihistamines do not help symptoms



Evidence on antibiotics

- Antibiotics make little difference to the number of children whose symptoms improve
- Antibiotics make little difference to the number of children with recurrent infections, short-term hearing loss or perforated ear drum
- Complications (such as mastoiditis) are rare with or without antibiotics
- Possible adverse effects include diarrhoea and nausea



Groups who may be more likely to benefit from antibiotics

- Children and young people with acute otitis media and otorrhoea (discharge following ear drum perforation)
- Children under 2 years with acute otitis media in both ears

March 2022

Otitis media (acute): antimicrobial prescribing NICE National Institute for Health and Care Excellence

Choice of antibiotic: children and young people under 18 years

Antibiotic ¹	Dosage and course length ²
First choice	
Amoxicillin	1 to 11 months: 125 mg three times a day for 5 to 7 days 1 to 4 years: 250 mg three times a day for 5 to 7 days 5 to 17 years: 500 mg three times a day for 5 to 7 days
Alternative first cho	ice for penicillin allergy or intolerance (for people who are not pregnant)
Clarithromycin	1 month to 11 years: Under 8 kg: 7.5 mg/kg twice a day for 5 to 7 days 8 to 11 kg: 62.5 mg twice a day for 5 to 7 days 12 to 19 kg: 125 mg twice a day for 5 to 7 days 20 to 29 kg: 187.5 mg twice a day for 5 to 7 days 30 to 40 kg: 250 mg twice a day for 5 to 7 days or 12 to 17 years: 250 mg to 500 mg twice a day for 5 to 7 days
Alternative first cho	ice for penicillin allergy in pregnancy
Erythromycin	8 to 17 years: 250 mg to 500 mg four times a day or 500 mg to 1,000 mg twice a day for 5 to 7 days Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms. See the Medicines and Healthcare products Regulatory Agency (MHRA) Public Assessment Report on the safety of macrolide antibiotics in pregnancy
Second choice (wors	sening symptoms on first choice taken for at least 2 to 3 days)
Co-amoxiclav	1 to 11 months: 0.25 ml/kg of 125/31 suspension three times a day for 5 to 7 days 1 to 5 years: 5 ml of 125/31 suspension three times a day or 0.25 ml/kg of 125/31 suspension three times a day for 5 to 7 days 6 to 11 years: 5 ml of 250/62 suspension three times a day or 0.15 ml/kg of 250/62 suspension three times a day for 5 to 7 days 12 to 17 years: 250/125 mg three times a day or 500/125 mg three times a day for 5 to 7 days
Alternative second of	choice for penicillin allergy or intolerance
Consult local microb	iologist
² The age bands app	ildren for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment. ly to children of average size. In practice, the prescriber will use age bands along with other factors such as the severity of the child's size in relation to the average size of children of the same age. Doses given are by mouth using immediate-release medicines, tated.

When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.