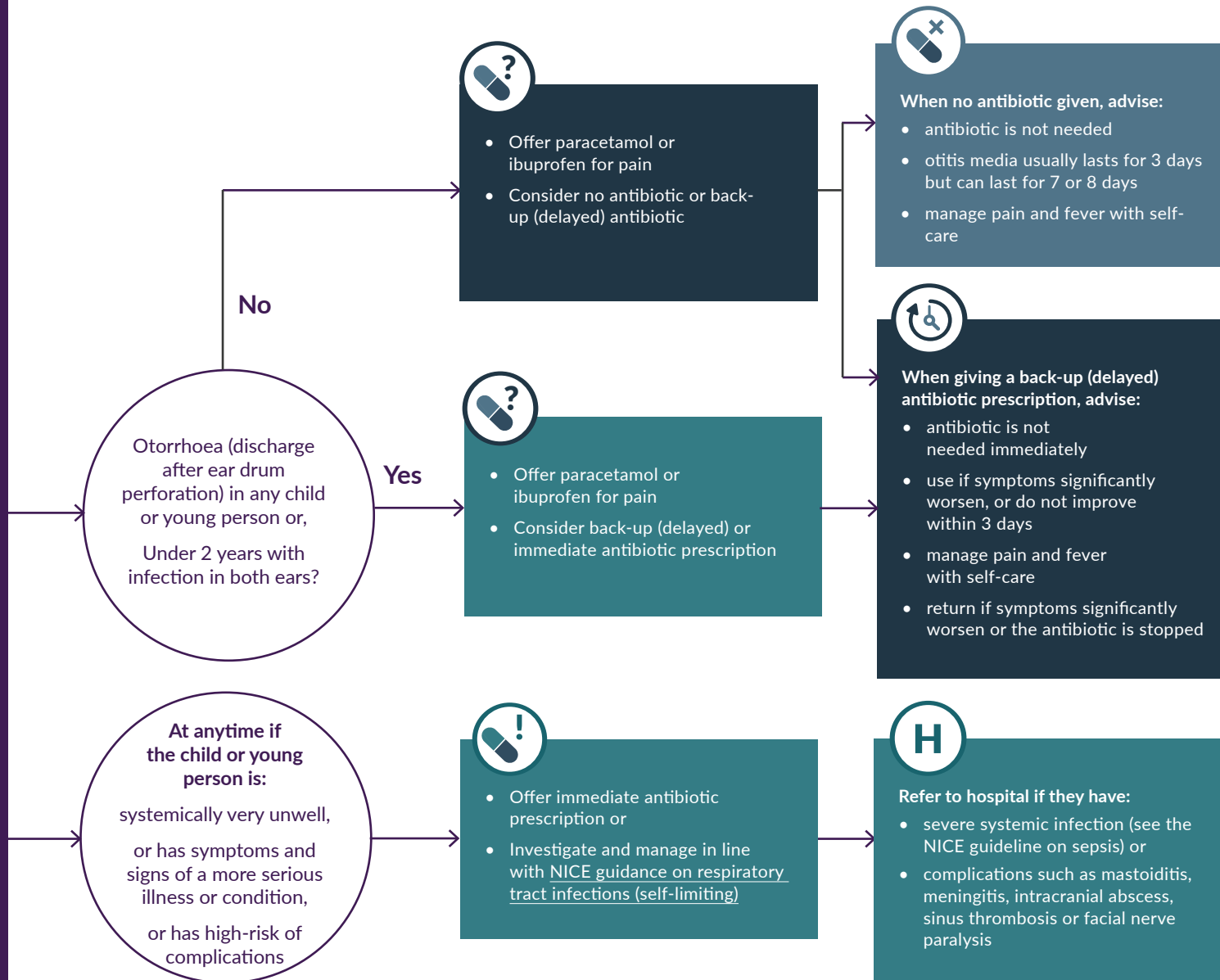


# Otitis media (acute): antimicrobial prescribing **NICE** National Institute for Health and Care Excellence

Symptoms or signs of acute otitis media



DRAFT August 2017 - See the full recommendations and why we made them: [www.nice.org.uk](http://www.nice.org.uk)



## Self-care

- Offer paracetamol or ibuprofen for pain (manage fever at home for under 5s as in the [NICE guideline on fever in under 5s](#))
- Paracetamol or ibuprofen need to be taken at the right time and the right dose for age or weight, with maximum doses for severe pain
- Anaesthetic ear drops may improve pain but not licensed for use in UK
- Evidence does not support using decongestants or antihistamines for symptoms



## Evidence on antibiotics

- Antibiotics make little difference to how long symptoms last or the number of children whose symptoms improve
- Antibiotics make little difference to number of children with recurrent infections, hearing loss or perforated ear drum
- Complications (such as mastoiditis) are rare whether antibiotics are given or not
- Possible adverse effects include diarrhoea and nausea



## Groups more likely to benefit from antibiotics:

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

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## Choice of antibiotic: children and young people under 18 years

Antibiotic <sup>1</sup>	Dosage and course length <sup>2,3</sup>
First choice	
Amoxicillin	1 to 11 months: 125 mg three times a day for 7 days 1 to 4 years: 250 mg three times a day for 7 days 5 to 11 years: 500 mg three times a day for 7 days 12 to 17 years: 500 mg three times a day for 7 days
Alternative first choice for penicillin allergy or intolerance	
Clarithromycin	Under 8 kg: 7.5 mg/kg twice a day for 7 days 8 to 11 kg: 62.5 mg twice a day for 7 days 12 to 19 kg: 125 mg twice a day for 7 days 20 to 29 kg: 187.5 mg twice a day for 7 days 30 to 40 kg: 250 mg twice a day for 7 days 12 to 17 years: 250 mg twice a day or 500 mg twice a day for 7 days
Erythromycin (in pregnancy)	8 to 17 years <sup>4</sup> : 250 to 500 mg four times a day for 7 days or 500 to 1000 mg twice a day for 7 days
Second choice (worsening 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 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 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 7 days 12 to 17 years: 250/125 mg three times a day or 500/125 mg three times a day for 7 days
Alternative second choice for penicillin allergy or intolerance, or worsening symptoms on second choice taken for at least 2 to 3 days	
Consult local microbiologist	
<p><sup>1</sup> See BNF for children for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment</p> <p><sup>2</sup> All doses are oral except where indicated</p> <p><sup>3</sup> The age bands apply to children of average size and, in practice, the prescriber will use age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age</p> <p><sup>4</sup> Dose banding given for age group as in the BNF for children</p>	