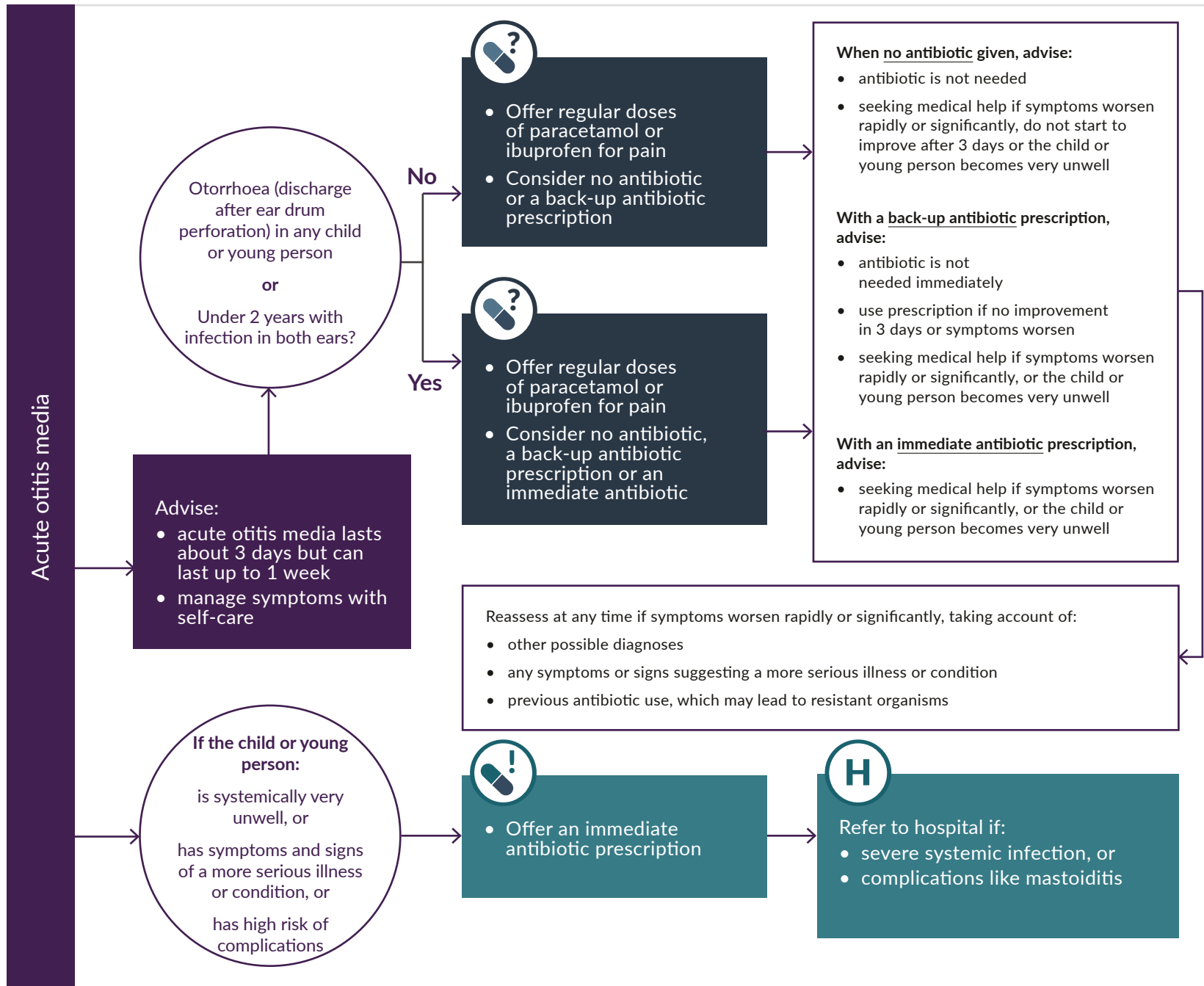


Otitis media (acute): antimicrobial prescribing **NICE** National Institute for Health and Care Excellence



Self-care

- Offer regular doses of paracetamol or ibuprofen to manage pain, with the right dose for age or weight at the right time and maximum doses for severe pain
- 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 2018

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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 choices for penicillin allergy or intolerance ³	
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
Erythromycin	1 month to 1 year: 125 mg four times a day or 250 mg twice a day for 5 to 7 days 2 to 7 years: 250 mg four times a day or 500 mg twice a day for 5 to 7 days 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
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 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 choice for penicillin allergy or intolerance	
Consult local microbiologist	
<p>¹ See BNF for children for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.</p> <p>² 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. Doses given are by mouth using immediate-release medicines, unless otherwise stated.</p> <p>³ Erythromycin is preferred in young women who are pregnant.</p>	

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.