

Supplemental Digital Content, Educational Materials

Increasing Adherence to Acute Otitis Media Treatment Duration Guidelines Using a Quality Improvement Approach

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Clinician Education Provided by IHI SBAR:

Situation: Currently we are prescribing a 10-day duration to treat otitis media in more than 90% of patients >2 years old. Our discharge SmartSet for otitis media currently defaults to 10 days.

Background: AAP otitis media guidelines published in 2013 delineate the duration of antibiotics to 7 days for 2 to 5 years old and 5-7 days for > 6 years old for mild-mod AOM, but not for severe AOM (defined by severe pain or fever >102). We are currently not following these guidelines. Otitis media is one of the top 10 primary diagnoses in the urgent care.
<https://www.aappublications.org/news/2018/06/26/idsnapshot062618>

Assessment: We are currently not following evidence-based guidelines for treating otitis media. Patients are getting a longer duration of antibiotics than necessary and this is potentially contributing to antibiotic resistance.

Recommendation: There will be changes to the AOM discharge smart set coming soon. Please consider treating with a shorter course of antibiotics when criteria are met for non-severe AOM.
Severe AOM (severe pain or fever >102) or <2 years old = 10 days
Age 2-5 and non-severe AOM = 7 days
6+ and non-severe AOM = 5-7 days

Clinician Education in Urgent Care Handbook with all QI project Summaries; Excerpt on AOM Project:

Increasing percentage of patients prescribed short duration of antibiotics for Acute Otitis Media

This project aims to improve adherence to new AAP guidelines for acute otitis media management and shorten length of treatment prescribed by physicians from 10 days to 5 to 7 days based on age and severity of AOM.

Your role: Consider a 7-day course of antibiotics for patients ≥ 2 years old with non-severe AOM (severe defined as severe pain or fever >102) – use the discharge set for guidance.

Community Pediatrician Education Provided by Social Media Post

Hello from the Directors for Quality Improvement for the NCH Urgent Care network! We'd like to provide periodic updates about Urgent Care practices you may notice when entrusting your patients to our care. Specifically, we hope to update you with practice changes that result from our quality improvement projects.

A recent project involves reducing the duration of antibiotics for non-severe AOM. The AAP updated their recommendations for treating otitis media in 2013. The current guideline states that a full ten days of antibiotics may not be necessary for children over two years of age with non-severe ear infections. For these kids, five to seven days of antibiotics may be enough. However, children over two years of age with a severe ear infection (fever greater than 102.2 degrees Fahrenheit or those with severe ear pain) and kids with another bacterial infection at the same time as the ear infection (like pneumonia or strep throat) may still require the full ten days of antibiotics.

You can read the full AAP clinical practice guideline for treating ear infections [here](#).

We have also produced a [blog post](#) you can share with patients and families on your social media channels.

Family Education Provided by Discharge Instructions; Excerpt Added During this QI Project:

“The American Academy of Pediatrics (AAP) recommends that most mild ear infections in children 2 years of age and older be treated with only 5-7 days of antibiotics. While some children may still need 7-10 days of medicine, the majority can be treated effectively in a shorter amount of time. There are many benefits to using less medicine, such as less risk that antibiotics might not work as well in the future, lower cost of medicine, fewer unwanted side effects, and less hassle for families.”

Family Education Provided by Exam Room Poster:



Antibiotics for Ear Infection: Facts for Families

The American Academy of Pediatrics recommends that most mild ear infections in children 2 years of age and older be treated with only 5-7 days of antibiotics.

While some children may still need 7-10 days of medicine, the majority can be treated effectively in a shorter amount of time.

There are many benefits to using less medicine, such as less risk that antibiotics might not work as well in the future, lower cost of medicine, fewer unwanted side effects, and less hassle for families.

If you have any questions, please feel free to ask your care team.

