**ALGORITHM 4: MANAGEMENT** Acute Otitis Media without Perforation (AOMwoP)

**High or low risk child?***

**HIGH**
- **NO IMPROVEMENT**
  - *Amoxicillin* 50 mg / kg / day, 2-3 times a day for at least 7 days
  - OR
  - Single dose *azithromycin* 30 mg / kg if adherence difficult or no refrigeration
  - Analgesics if pain present

**LOW**
- **NO IMPROVEMENT**
  - Watchful waiting
  - Analgesics if pain present
  - Review 2-3 days

**IMPROVEMENT**
- Review all children at 4-7 days

**Bulging Eardrum Resolved**
- Have there been ≥ 3 episodes of AOM in the last 6 months or ≥ 4 episodes in the last year?
  - **YES**
    - **Recurrent AOM**
    - (see algorithm 5)
  - **NO**
    - **AOM Resolved**
    - Review regularly (see algorithm 1)

**Bulging Eardrum**
- **AOM with Perforation**
  - (see algorithm 6)

**Eardrum Burst**
- Persistent AOM
  - Continue *amoxicillin* 90 mg / kg / day, 2-3 times a day or start *amoxicillin-ciavulanate* 90 mg / kg / day 2-3 times a day and review adherence
  - Continue to review weekly (see algorithm 1)

*Child at high risk of AOMwiP or CSOM has one or more of the following risk factors: who lives in remote communities; less than 2 years of age; has had their first episode of OM before 6 months of age; with a family history of CSOM; with a current or previous TM perforation; with craniofacial abnormalities, cleft palate, Down Syndrome, immunodeficiency or cochlear implants; with developmental delay; with hearing loss; with severe visual impairment.*