

Table I. AAP 2013 Guidelines for the Diagnosis and Management of Uncomplicated AOM<sup>a</sup>

Age	Otorrhea with AOM <sup>a</sup>	Unilateral or Bilateral AOM <sup>a</sup> with Severe Symptoms <sup>b</sup>	Bilateral AOM <sup>a</sup> Without Otorrhea	Unilateral AOM <sup>a</sup> without Otorrhea
6mo to 2yo	Antibiotic Therapy	Antibiotic Therapy	Antibiotic Therapy	Antibiotic Therapy or additional observation
>2yo	Antibiotic Therapy	Antibiotic Therapy	Antibiotic Therapy or additional observation	Antibiotic Therapy or additional observation <sup>c</sup>

<sup>a</sup> Applies only to children with well-documented AOM with high certainty of diagnosis (see Diagnosis section).

<sup>b</sup> A toxic-appearing child, persistent otalgia more than 48 h, temperature  $\geq 39^{\circ}\text{C}$  ( $102.2^{\circ}\text{F}$ ) in the past 48 h, or if there is uncertain access to follow-up after the visit.

<sup>c</sup> This plan of initial management provides an opportunity for shared decision-making with the child's family for those categories appropriate for additional observation. If observation is offered, a mechanism must be in place to ensure follow-up and begin antibiotics if the child worsens or fails to improve within 48 to 72 h of AOM onset.