Pharmacy First: Acute Otitis Media

NICE NG91 (2018, updated 2022) | NHSBSA PGDs 7a/7b/7c v1.1 (Oct 2025)

REFER NOW: Red Flags

- ☐ Mastoiditis: pain, redness, swelling or tenderness behind the ear, especially with protrusion of the ear: A&E urgently
- ☐ Meningitis: neck stiffness, photophobia, mottled skin: A&E urgently
- ☐ Intracranial abscess: severe headache, confusion, muscle weakness: A&E urgently
- ☐ Facial nerve palsy: drooping of the face: A&E urgently
- ☐ Temperature above 39°C: PGD exclusion. Do not supply. Refer same-day to GP or NHS 111. Call 999 if sepsis features.
- ☐ Persistent or unexplained bloody ear discharge: urgent GP or ENT assessment (depending on local pathway)

Do not supply antibiotics or ear drops if any red flag is present.

Treatment Decision (confirm AOM on otoscopy first)

Presentation	Treatment	Notes
Bilateral AOM in child under 2 years, symptoms 3+ days OR severe (either criterion sufficient)	Amoxicillin (PGD 7b)	Duration OR severity: one is enough
AOM with acute spontaneous tympanic membrane perforation and otorrhoea, age 1 to 17	Amoxicillin (PGD 7b)	Do NOT use ear drops if eardrum is perforated
Moderate-severe pain, oral analgesia insufficient, intact eardrum	Otigo ear drops (PGD 7a)	Stop if discharge develops: may indicate perforation. Seek reassessment.
All other presentations (most children)	Watchful waiting	Most improve in 3 days, resolve in 7 to 10. Analgesia by weight.

CHECK: Before Supplying

- ☐ Age 1 and over, under 18 (under 1: outside Pharmacy First AOM pathway, refer for medical assessment)
- ☐ Confirm AOM on otoscopy: bulging, inflamed tympanic membrane with loss of landmarks, or perforation with otorrhoea
- ☐ No current recurrent AOM pattern (3+ episodes in 6 months, or 4+ in 12 months with 1 in preceding 6 months)
- ☐ Not a child with significant heart, lung, kidney, liver, neuromuscular disease, cystic fibrosis, prematurity, or other PGD-defined high-risk condition
- ☐ Not severely immunosuppressed (see PGD 7b exclusion list)
- ☐ Penicillin allergy confirmed: use clarithromycin under PGD 7c only where inclusion criteria are met and exclusions checked (BNFc weight-based dose)
- ☐ Named and authorised under PGDs 7a, 7b, 7c as applicable before supply

Amoxicillin Doses (PGD 7b)

Age	Dose (TDS for 5 days)	Penicillin allergy: PGD 7c
1 to 4 years	250mg three times daily	Clarithromycin: BNFc weight-based dose
5 to 17 years	500mg three times daily	Clarithromycin: BNFc weight-based dose

Key reminders: Oral analgesia is first-line for all children regardless of antibiotic eligibility. Do not supply antibiotics solely because symptoms are painful or parents request them. Amoxicillin is THREE times daily for AOM, not twice. Warm the Otigo bottle in your hands before instilling drops to reduce dizziness. Safety net: return if not improving after 3 days or worsening sooner; seek urgent help for swelling behind the ear, facial drooping, or sepsis; seek review if hearing loss develops or persists after recovery. Sources: NICE NG91 (2022) nice.org.uk/guidance/ng91; NHSBSA PGDs 7a/7b/7c v1.1 (Oct 2025) nhsbsa.nhs.uk/pharmacists.