



#### Allergy Guidance

- Amoxicillin (or amoxicillin/clavulanate when indicated) is the recommended first-line agent for AOM.
- Although 10% of the population reports a penicillin allergy, < 1% of the population is truly allergic. Correctly identifying if your patient is actually penicillin-allergic can reduce unnecessary use of broad-spectrum antibiotics.
- Per the 2022 AAAAI Guidelines, cefdinir can be used for patients with a history of immediate hypersensitivity reactions, including anaphylaxis, to amoxicillin, penicillin, or cephalixin, as it does not share the same R1 side chain.
- For patients with a history of cephalosporin allergy or delayed hypersensitivity reaction (e.g., SJS, TEN, DRESS) to penicillins or cephalosporins, use clindamycin.

<sup>a</sup> Safety-Net Antibiotic Prescriptions (SNAP) are delayed antibiotic prescriptions given with clear instructions to only fill and start the antibiotic if symptoms worsen or fail to improve after a specified period. SNAPs support shared decision-making and lower unnecessary antibiotic use while preserving a 'back-up' plan for the family.

<sup>b</sup> Amoxicillin-clavulanate (Augmentin) dosing guideline available at the following [link](#).

#### References

- Lieberthal AS, Carroll AE, Chonmaitree T, et al. [The diagnosis and management of acute otitis media](#) [published correction appears in Pediatrics. 2014 Feb;133(2):346. Dosage error in article text]. *Pediatrics*. 2013;131(3):e964-e999. doi:10.1542/peds.2012-3488