



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.

* 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