

ICSI has developed a new format for all guidelines. Key additions and changes are:

- The annotation and discussion section have been combined. Any duplicate statements have been removed.
- References in support of recommendations or conclusions are listed in the body of the annotation. A complete list of references is included in the Supporting Evidence section.

Algorithm, Clinical Highlights, Annotations

Algorithm

Timeframe removed from schedule appointment box.

Box considering prophylactic regimen removed, if a history of recurrent AOM is present, patient will be considered for ENT referral.

Order of AOM resolved and Schedule follow-up switched.

Timeframe removed from schedule follow-up.

The word symptoms added to decision point of AOM resolved.

Appropriate treatment removed from the sidebar, as the guideline no longer recommends antibiotic treatment first.

After a diagnosis of OME is made a decision point of whether the patient is healthy or high risk has to be made. Patients at high risk require further assessment.

Prevention, treatment and follow-up all combined into one box.

The word symptoms added to decision point of OME resolved.

Scope: timeframe changed from birth to greater than three months to be consistent with respiratory illness guideline and AAP guideline.

Clinical Highlights:

Removed clinical highlights around first line antibiotics, second line antibiotics and rechecks.

Added a new clinical highlight around watch and wait.

Annotations:

- 2) Merged information from appendix A and separated symptoms by ages.
- 4) *Removed timeframe of 24 hours.
Added a key point that an appointment must be made to accurately diagnosis Acute Otitis Media.
Added comfort measures from Appendix A
*Added ibuprofen to comfort measures
- 5) Added a key point that diagnosis should be made with a pneumatic otoscopy.
- 6) Added tobacco cessation counseling as a prevention measure for Otitis Media.
Changed Prevnar immunization to PCV7.
- 7) Key points added around watch and wait and amoxicillin as the initial treatment, when needed.
*Added new literature and section on watchful waiting.
- 9) *Deleted Information on Prophylactic Regimen, as literature no longer supports this.
- 11) *Removed timeframe and text for follow-up, as children under two can be followed up at their well child visit. For all other children, they only require follow-up if symptoms persist.
- 13) Added symptoms for Otitis Media with Effusion.
*Removed Acoustic Reflectometry, as it is no longer used in practice.
- 15) *Added new annotation on high risk patients.
- 19) Previous annotations of 18: treatment of OME and 19: follow-up of OME combined.
New literature on Antihistamines and decongestants added. (Griffin)
New literature on spontaneous resolution of OME added. (Rosenfeld)

Appendix A deleted as all text was incorporated into the appropriate annotation.

Priority Aims & Suggested Measures, Measurement Specifications

An aim regarding watch and wait was added as aim 1.

The priority aim 2 around timely and appropriate follow-up was deleted, as follow-up is no longer needed.

An aim regarding appropriate Ear, Nose and Throat Specialist referral was added.

Measure 2a(new): population definition changed to all patients, scope changed from first line antibiotics to amoxicillin.

The possible measure for 2b was deleted, as it is no longer an aim.

Measure 3a-population changed to all patients.

Support for Implementation

Key Implementation recommendations added.

Resource table updated.

**An asterisk indicates any changes in clinical practice recommendations*