**Case Study:**

A 5-year-old male is brought to the primary care clinic by his mother with a chief complaint of bilateral ear pain with acute onset that began “yesterday.” The mother states that the child has been crying frequently due to the pain. Ibuprofen has provided minimal relief. This morning, the child refused breakfast and appeared to be “getting worse.”

Vital signs at the clinic reveal HR 110 bpm, 28 respiratory rate, and tympanic temperature of 103.2 degrees F. Weight is 40.5 lbs. The mother reports no known allergies. The child has not been on antibiotics for the last year. The child does not have history of OM. The child is otherwise healthy without any other known health problems.

Physical examination reveals: Vital signsl HR 110 bpm, 28 respiratory rate, and tympanic temperature of 103.2 degrees F. Weight is 40.5 lbs. Bilateral TMs are bulging with severe erythematous. Pneumatic otoscopy reveals absent mobility. Ear canals are nomal.

After your questioning and examination, you diagnose this child with bilateral Acute Otitis Media.

**According to the current guidelines on medications for a 5 year old with Acute Otits Media (AOM), address the following:**

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| Questions | If No, explain why  | If you decide to recommend/ prescribe medication provide a brief rationale. Give name of medication along with strength, frequency, dosage, and length of treatment. (provide citations) | What Parent/Patient Education is essential? (you may use bullet format) | What side effects might be expected? (you may use bullet format) |
| Should the APRN prescribe an antibiotic? |  |  |  |  |
|  |  |  |  |  |
| What would the APRN prescribe if this child was allergic to penicillin? |  |  |  |  |
|  |  |  |  |  |
| What determines the choice of an antibiotic ? |  |  |  |  |
| Will you recommend or prescribe any other medications? |  |  |  |  |
| The child returns in 48 hours with increased pain and fever. What changes will the APRN make in treatment plan?  |  |  |  |  |
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