



# Resource impact summary report

Resource impact

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The guideline sets out an antimicrobial prescribing strategy for acute otitis media (AOM; ear infection). It aims to limit antibiotic use and reduce antimicrobial resistance. AOM can be caused by viruses or bacteria. It lasts for about a week, and most children get better in 3 days without antibiotics.

There is a new recommendation to consider eardrops containing an anaesthetic and an analgesic for pain if an immediate oral antibiotic prescription is not given and there is no eardrum perforation or otorrhoea (discharge).

Currently, oral analgesia is routinely used to manage pain associated with AOM and there is minimal use of eardrops containing an anaesthetic and an analgesic. Eardrops containing an anaesthetic and an analgesic may be used in addition to oral analgesics.

The guideline covers children and young people under 18 years old. However, the highest number of cases presenting with AOM are in the 0 to 5 years age range. There are around 896,000 episodes of AOM in children aged 0 to 5 years old in England each year. Of these, 524,000 are estimated to have AOM with no eardrum perforation or otorrhoea and are eligible for treatment with eardrops containing an anaesthetic and an analgesic.

Because the recommendation is a 'consider' recommendation, the resource impact will depend on local prescribing policy decisions and therefore should be considered at that level.

The use of eardrops containing an anaesthetic and an analgesic would be in children who do not receive an immediate oral antibiotic for their ear infection. It is unclear what proportion of the eligible population receive an immediate oral antibiotic. Data on antibiotic use (England only) is routinely reported in the [NHS Business Services Authority ePACT2 Antimicrobial Stewardship – Children dashboard](#) and can be used to estimate the population that may be eligible to receive eardrops containing an anaesthetic and an analgesic.

A [resource impact template](#) has been developed to help organisations estimate the resource impact at a local level.

Implementing the guideline may help reduce the inappropriate use of antibiotics in children and young people with AOM. Any potential savings may offset the costs of eardrops.

AOM is mainly managed in primary care. Primary care services are commissioned by integrated care systems/clinical commissioning groups.