Acute uncomplicated bronchitis

Virus causes >90% of acute bronchitis

Cough typically lasts 5 days to 3 weeks, up to 6 weeks

**Diagnosis**

- Focus on ruling out pneumonia, which is rare among adults without underlying lung disease
- Viral etiology is supported by normal chest X-ray, absence of cavitation, and absence of lymphadenopathy
- Invasive bacterial infection should be considered in patients with severe illness (e.g., rapid deterioration)

**Management**

- Treat symptomatic bronchitis with rest, fluids, and supportive care
- No specific antibiotic treatment is recommended

Common cold or non-specific upper respiratory tract infection (URI)

- Most adults get 2-4 colds annually

**Diagnosis**

- Evidence-based supportive care
- Decongestants combined with a first-generation antihistamine may provide short-term relief of nasal congestion
- Cough suppressants and expectorants are not effective

**Management**

- Most adults get 2-4 colds annually

Acute uncomplicated cystitis

- In uncomplicated cystitis, patients have a single episode of UTI
- Patients have fever and typically a history of lower urinary tract symptoms
- No indwelling catheters

**Diagnosis**

- Urine culture positive for bacteria
- No signs of nephritis
- No evidence of urologic anomalies

**Management**

- Nitrites and leukocyte esterase are commonly used to screen for UTIs
- Cystitis may be caused by a variety of organisms

Pharyngitis

- Group A Streptococcus (GAS) is the only common indication for antibiotics
- Only S. pyogenes causes GAS

**Diagnosis**

- Clinical features alone do NOT distinguish bacterial disease from viral and pharyngitis, a rapid antigen detection test is recommended

**Management**

- Antibiotic treatment is NOT recommended for patients with negative rapid test results
- First-line therapy for GAS
- Antibiotic treatment of asymptomatic bacteriuria in adults

Pediatric Outpatient Prescribing Guidelines


Pediatric Outpatient Prescribing Guidelines


4. Harris AM, Hicks LA, Qaseem A. Appropriate antibiotic use for acute respiratory tract infection in adults: Advice for consumers. Am Fam Physician.


Acute rhinosinusitis is 90–98% of cases are viral. Antibiotics may NOT help even if cause is bacterial.

**Symptoms of acute bacterial rhinosinusitis**
- Severe (>3-4 days), such as:
  - Headache
  - Fever ≥39°C (102.2°F)
  - Tenderness or swelling of the TM
- New onset otalgia or otalgia for ≥48 hours, or
- Otorrhea NOT due to middle ear infection
- Fever ≥39°C (102.2°F).

Initial treatment failure, supportive care, and other important information.

**Pharyngitis**
- First-line therapy:
  - amoxicillin 50-100 mg/kg/day PO in 3 divided doses x 10 days
  - cefadroxil 30 mg/kg/day PO (max 1 g) daily x 10 days
  - cephalexin 40 mg/kg/day PO (max 1 g) in 2 divided doses x 10 days
  - amoxicillin/clavulanate 20-40 mg/kg/day PO in 2 divided doses or cefpodoxime 10 mg/kg/day PO in 2 divided doses x 10 days

**Bronchiolitis**
- During hospitalization and 24 h after discharge from hospital:
  - Oral or nebulized saline
  - Inhaled bronchodilators and steroids

**Urinary tract infections (UTIs)**
- In infants, fever and or strong-ruinous coughing are common. Antibiotic treatment is needed in both febrile and nonfebrile newborns and at least 50% of children, all under age 24 months.
- Treatment options, and other important information.

**Common cold or non-specific upper respiratory tract infection (URTI)**
- Colds usually last around 10 days.

**Diagnosis**
- Usual need nasal discharge begins as clear and thinnes to thick and opalescent over the course of 1-2 days. Discharge occurs early in the disease.

**Management**
- Antibiotics are NOT helpful and should NOT be used. Focus on symptomatic relief: antihistamines, decongestants, and cough suppressants. Use of OTC medications should not exceed 7 days. These substances are among the top 20 over-the-counter medications used by children.

**Pharyngitis**
- Definitive diagnosis requires one or more of the following features:
  - Tonsillar exudate
  - Corticosteroids are NOT recommended for use in children younger than 5 years.

**Bronchiolitis**
- In early childhood:
  - Prednisolone do NOT improve outcomes in non-respiratory distress cases.

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