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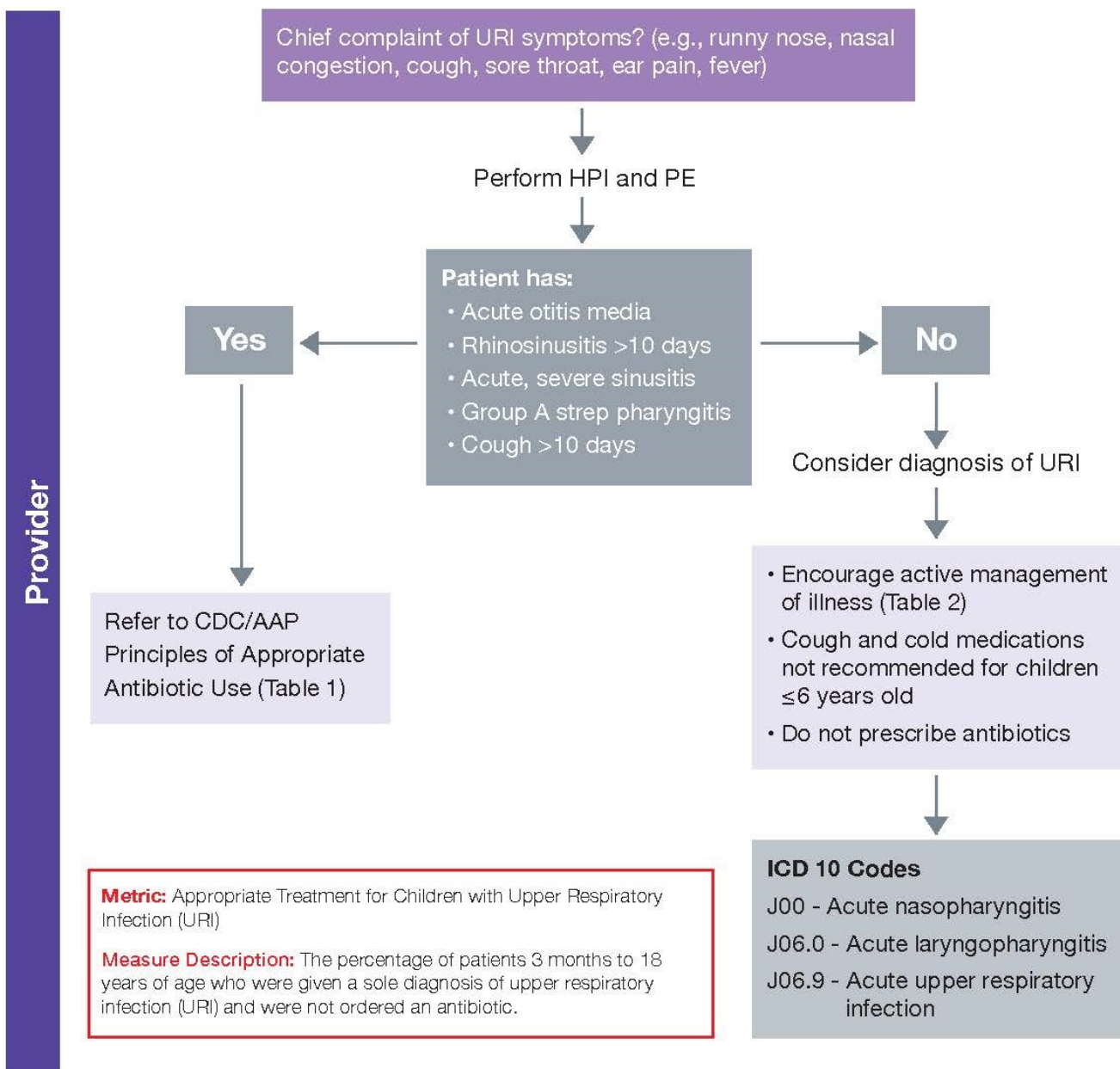
MIDLAND QUALITY ALLIANCE  
ALGORITHM FOR MANAGEMENT OF  
UPPER RESPIRATORY INFECTION (URI) PATHWAY

Revised May 2018



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# Upper Respiratory Infection (URI) Pathway



**Table 1. CDC/AAP Principles of Appropriate Antibiotic Use**

Diagnosis	Principles of appropriate antibiotic use
<p><b>Otitis Media</b></p>	<ol style="list-style-type: none"> <li>Classify episodes of otitis media (OM) as acute otitis media (AOM) or otitis media with effusion (OME). Only treat certain children proven AOM.</li> <li>A certain diagnosis of AOM meets three criteria: <ul style="list-style-type: none"> <li>History of acute onset of signs and symptoms</li> <li>Presence of middle ear effusion</li> <li>Signs or symptoms of middle-ear inflammation</li> </ul> <p><b>Severe illness</b> is moderate to severe otalgia or fever is 39C or greater.  <b>Non-severe illness</b> is moderate otalgia and fever is 39C or less in the past 24 hours.</p> </li> <li>Children with AOM who should be treated as follows: <ul style="list-style-type: none"> <li>Age less than 6 months: certain and uncertain diagnosis - antibacterial therapy</li> <li>Age 6 months to 2 years: certain diagnosis - antibacterial therapy uncertain diagnosis - antibacterial therapy if severe illness; observation option* if nonsevere illness</li> <li>Age 2 years or older: certain diagnosis - antibacterial therapy if severe illness; observation option* if nonsevere illness uncertain diagnosis - Observation option*</li> </ul> <p>* If decision is made to treat with an antibacterial agent, the clinician should prescribe amoxicillin for most children.</p> </li> <li>Don't prescribe antibiotics for initial treatment of OME: <ul style="list-style-type: none"> <li>treatment may be indicated if bilateral effusions persist for 3 months or more.</li> </ul> </li> </ol>
<p><b>Rhinitis and Sinusitis</b></p>	<p><i>Rhinitis:</i></p> <ol style="list-style-type: none"> <li>Antibiotics should not be given for viral rhinosinusitis.</li> <li>Mucopurulent rhinitis (thick, opaque, or discolored nasal discharge) frequently accompanies viral rhinosinusitis. It is not an indication for antibiotic treatment unless it persists without improvement for more than 10-14 days.</li> </ol> <p><i>Sinusitis:</i></p> <ol style="list-style-type: none"> <li>Diagnose as sinusitis only in the presence of: <ul style="list-style-type: none"> <li>prolonged nonspecific upper respiratory signs and symptoms (e.g. rhinorrhea and cough without improvement for more than 10-14 days), or</li> <li>more severe upper respiratory tract signs and symptoms (e.g. fever more than 39C, facial swelling, facial pain).</li> <li>Antibiotics should not be given to a child with pharyngitis in the absence of diagnosed group A streptococcal infection.</li> <li>A penicillin remains the drug of choice for treating group A streptococcal pharyngitis.</li> </ul> </li> <li>Initial antibiotic treatment of acute sinusitis should be with the most narrow-spectrum agent which is active against the likely pathogens.</li> </ol>
<p><b>Pharyngitis</b></p>	<ol style="list-style-type: none"> <li>Diagnose as group A streptococcal pharyngitis using a laboratory test in conjunction with clinical and epidemiological findings.</li> <li>Antibiotics should not be given to a child with pharyngitis in the absence of diagnosed group A streptococcal infection.</li> <li>A penicillin remains the drug of choice for treating group A streptococcal pharyngitis.</li> </ol>
<p><b>Cough Illness and Bronchitis</b></p>	<ol style="list-style-type: none"> <li>Cough illness/bronchitis in children rarely warrants antibiotic treatment.</li> <li>Antibiotic treatment for prolonged cough (more than 10 days) may occasionally be warranted: <ul style="list-style-type: none"> <li>Pertussis should be treated according to established recommendations.</li> <li><i>Mycoplasma pneumoniae</i> infection may cause pneumonia and prolonged cough (usually in children older than 5 years); a macrolide agent (or tetracycline in children 8 years or older) may be used for treatment.</li> <li>Children with underlying chronic pulmonary disease (not including asthma) may occasionally benefit from antibiotic therapy for acute exacerbations.</li> </ul> </li> </ol>

Source: Centers for Disease Control and Prevention: Appropriate Treatment Summary: Physician Information Sheet. [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart). Page last reviewed: November 4, 2013

**Table 2. AAP parental advice for active management of URI symptoms**

Symptom	Active management advice
To relieve a stuffy nose	<ul style="list-style-type: none"> <li>• Use saline (saltwater) nose drops to thin nasal discharge. Ask your child’s doctor about which ones to use. Place a few drops of the saline into each nostril followed by gentle bulb suction. This works best for babies younger than 3 months.</li> <li>• During the illness, use a cool-mist humidifier or vaporizer in your child’s room. This helps moisten the air and may help clear your child’s nasal passages. Be sure to clean the humidifier or vaporizer often, as recommended by the manufacturer.</li> </ul>
To relieve chest congestion	<ul style="list-style-type: none"> <li>• Chest physical therapy can loosen mucus and may help infants and young children cough it out. Lay your child across your knees, face down; cup your hand; and gently tap your child’s back. Or sit your child on your lap, lean her body forward about 30 degrees, cup your hand, and gently tap her back.</li> <li>• During the illness, use a cool-mist humidifier or vaporizer in your child’s room. This helps moisten the air and may help clear your child’s congestion. Be sure to clean the humidifier or vaporizer often, as recommended by the manufacturer.</li> </ul>
To relieve a cough	<ul style="list-style-type: none"> <li>• Try half a teaspoon of honey for children aged 2 to 5 years, 1 teaspoon for children aged 6 to 11 years, and 2 teaspoons for children 12 years and older. If honey is given at bedtime, make sure you brush your child’s teeth afterward. Remember, it’s not safe to give honey to babies younger than 1 year.</li> <li>• For a child aged 4 years and older, cough drops or lozenges may help soothe the throat. Remember not to give cough drops or lozenges to a child younger than 4 years because he could choke on them. Also do not give your child more cough drops than directed on the package.</li> </ul>
To relieve a fever	<ul style="list-style-type: none"> <li>• Give acetaminophen to a baby 6 months or younger. Check with your doctor if your baby is younger than 3 months. Give either acetaminophen or ibuprofen to a child older than 6 months. Ask your child’s doctor for the right dosage for your child’s age and size. Do not give aspirin to your child because it has been associated with Reye syndrome, a rare but very serious illness that affects the liver and the brain.</li> </ul>
<i>In regards to cough and cold medicine</i>	<p><b>The American Academy of Pediatrics strongly recommends that over-the-counter cough and cold medications not be given to infants and children younger than 2 years because of the risk of life-threatening side effects. Also, several studies show that cold and cough products don’t work in children younger than 6 years and can have potentially serious side effects.</b></p>

Source: Common Childhood Infections (Copyright © 2005 American Academy of Pediatrics, updated 10/2012). [www.healthychildren.org](http://www.healthychildren.org).



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