

Scope and Target Population:

The Diagnosis and Treatment of Respiratory Illness in Children and Adults guideline encompasses acute conditions in infants greater than three months, children, adolescents and adults who are in good health.

Aims:

1. Increase the percentage of patients diagnosed with viral upper-respiratory infection who receive appropriate treatment.
2. Reduce excessive antibiotic treatment through decreased empiric treatment of patients with strep pharyngitis.
3. Increase the use of recommended first-line medications for patients with strep pharyngitis.
4. Increase patient/caregiver knowledge about strep pharyngitis and pharyngitis care.
5. Increase the use of prophylactic medications for patients with seasonal allergic rhinitis.
6. Decrease the use of injectable corticosteroid therapy for patients with allergic rhinitis.
7. Increase the use of first-line antibiotics when indicated for patients diagnosed with acute sinusitis.

Clinical Highlights:

- Patients and/or parents of children presenting or calling with symptoms suggestive of the common cold should be evaluated for other symptoms and the presence of more serious illness.
- The primary treatment of viral upper-respiratory infection is education based; education is to take place in the clinic, on the telephone, at the work site and in newsletters. Patients and/or parents should receive home care and call-back instructions.
- Reduce unnecessary use of antibiotics. Antibiotic treatment should be reserved for a bacterial illness.
- Diagnosis of group A beta streptococcal pharyngitis should be made by laboratory testing rather than clinically.
- Patients should be educated on strep pharyngitis, including the importance of following the prescribed medication regimen, use of home remedies to relieve symptoms, actions to take if symptoms worsen, and the importance of eliminating close contact with family members or visitors to the home while group A beta streptococcal may be contagious.
- Prescribe intranasal steroids for moderate or severe allergic rhinitis.
- Treat patients diagnosed as having allergic seasonal rhinitis with prophylactic medications and educate about avoidance activities.
- Consider limited coronal computed tomography scan of sinuses and/or referral to ear, nose and throat provider for patients when three weeks of antibiotic therapy have not produced a response in sinusitis treatment.

Additional Background:

The goal of the guideline is threefold: education to assist patients to be competent and comfortable with home care of respiratory illness; to assist medical personnel to differentiate respiratory illness from more severe illness; to improve the appropriateness of care and antibiotic use for respiratory illness while decreasing the cost of that care.