

STAR+PLUS



APPROPRIATE USE OF ANTIBIOTICS FOR VIRAL RESPIRATORY INFECTIONS

The following guideline recommends general principles and key clinical activities for the diagnosis and management of *Acute Nasopharyngitis, Acute Laryngopharyngitis, Acute Upper Respiratory Infection, and Acute Bronchiolitis.*

ligible Population	Key Components	Recommendations	
Age 3 months of age and older with viral respiratory infections	Diagnosis	An upper respiratory infection is a self-limited illness typical lastin sore throat, hoarseness, mild fussiness or irritability, decrease in a	
	Education and Prevention	 Hand washing/hand sanitizers Avoid close contact with sick people Don't touch your face with unwashed hands Drink more fluids Get plenty of rest Use a cool-mist vaporizer or saline nasal spray to relieve conges 	stion
	Medication	Reduce unnecessary use of antibiotics. Antibiotic treatment should be reserved for a bacterial illness. Because colds are viral infections, antibiotic use will not cure or shorten their length. Management of the common cold, nonspecific URI, and acute cough illness should focus on symptomatic relief: Nasal decongestants Cough Suppressants Expectorants Antihistamines Pain Relievers/Fever Reducers Clinicians should be certain that caregivers understand both the importance of administering these medications only as directed	
	Re-evaluation	 and the risk of overdose if they administer additional medication This guideline applies to patients in normal health and without severe complicating health factors. Re-evaluation if: Fever lasts for three days or more Symptoms worsen after 3 to 5 days or if new symptoms appear (increasing symptoms of illness, lethargy, decreased responsiveness, poor eye contact, difficulty breathing) 	 Symptoms have not improved after 7 to 10 days; it is not unusual for a mild cough and congestion to continue 14 days or more. This guideline is designed to assist clinicians by providing an analytical