Appropriate Treatment of Children with Upper Respiratory Infection (URI)

The common cold or upper respiratory infection (URI) is a common reason children visit their medical provider. Pediatric clinical practice guidelines do not recommend antibiotics for the majority of URIs because most are viral. However, some providers still prescribe them. It’s important to reduce antibiotic use for treatment of viral diseases. By educating patients and prescribing antibiotics only when necessary, both the patient and the community benefit in two important ways:

1. The patient avoids resistance to future bacterial strains (such as MRSA), unpleasant side effects (such as yeast infections and diarrhea), and occasionally more severe conditions like colitis.

2. The community doesn’t perpetuate the evolution of antibiotic resistance.

**Measure**

Children ages 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Antibiotic prescriptions: Aminopenicillins, beta-lactamase inhibitors, first-generation cephalosporins, folate antagonist, lincomycin derivatives, macrolides, miscellaneous antibiotics, natural penicillin, penicillinase-resistant penicillin, quinolones, second generation cephalosporins, sulfonamides, tetracycline, third-generation cephalosporin

**Exclusions**

Emergency department visits
Antibiotic refill
Pharyngitis diagnosis
Sinusitis diagnosis

**Data Sources**

This measure uses administrative claims information to identify patients who were diagnosed with uncomplicated URI (without diagnosis codes for bacterial infection and/or co-morbidity) and who were prescribed an antibiotic.

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1 Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of the National Committee for Quality Assurance (NCQA).


Tips for provider when talking to the patient:

- Educate your patients and caregivers that most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment.
- Have a “Viral URI Care” (http://www.cdc.gov/getsmart/campaign-materials/pediatric-treatment.html) brochure in your office waiting room and exam rooms to help with talking points.
- Refer to the illness as a “chest cold” or viral upper respiratory infection and suggest at-home treatments, such as:
  - Using over-the-counter cough medicine and anti-inflammatory medicine
  - Drinking extra fluids and resting
  - Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief
- Remind patients that mucus that is yellow or green does not necessarily indicate a bacterial infection.
- If the patient or caregiver insists on an antibiotic:
  - Review the absence of bacterial infection symptoms with the patient and caregiver and educate that antibiotics will not help with viral infections.
  - Discuss the side effects of taking antibiotics.
  - Arrange for an early follow-up visit, either by a phone call or re-examination.