

Antibiotic Guidance and Education Summary for Physicians

Guiding Your Patients and Families

Key Messages for Your Patients and Families

- *Antibiotics provide no benefit for viral infections.*
 - *Children with certain bacterial infections may benefit from treatment with antibiotics.*
 - *While antibiotic treatment can provide benefits in treatment of infection, there are risks related to any antibiotic exposure.*
 - *Risks include allergies, antibiotic-associated diarrhea, and possible adverse effects or toxicity.*
 - *When antibiotics are prescribed, it is essential to complete the therapy.*
 - *If your child does not improve in the timeframe outlined by your doctor, make sure you have a plan for follow-up.*
 - *Overuse of antibiotics may contribute to the emergence of antibiotic resistant bacteria.*
- Antibiotic resources are available at HealthyChildren.org and CDC.gov/GetSmart.

Key Information about Common Conditions

| Diagnosed Condition | Recommended Treatment | Expected Course | Follow-Up |
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| <i>Viral Infection</i> | Antibiotics are <i>not</i> appropriate or effective. Provide symptomatic relief. | Symptoms may extend 10–14 days | Follow up if illness lasts more than 10 days, worsens after improvement, fever >39°C and purulent nasal discharge >3 days, labored breathing, signs of dehydration, or new-onset ear pain. |
| <i>Acute Otitis Media (Ear Infection)</i> | Antibiotics depending on age and severity. Watchful waiting is an option under certain conditions. | Should improve within 48–72 hours after institution of antibiotics. | Follow up if no improvement or if conditions persist or worsen. If watchful waiting, follow up within 48–72 hours if no improvement or worsening. |
| <i>Acute Streptococcal Pharyngitis (Strep Throat)</i> | Test required to diagnose; antibiotics are indicated if test is positive. Testing is <u>not</u> indicated in: <ul style="list-style-type: none"> • Children <3 years • Children who do not have strep throat features (ie, fever and sore throat) • Children with viral respiratory symptoms, oral ulcers, diarrhea, or viral exanthem | Should improve in 1–2 days after institution of antibiotics. | Follow up if no improvement or if conditions persist or worsen. Start antibiotics if RADT was negative but throat culture is positive. Do not prescribe antibiotics without a positive RADT or positive throat culture. However, if antibiotics <i>are</i> empirically initiated, the practice must have a system in place for following up with the patient/guardian to discontinue antibiotics if the follow-up culture was negative. |

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| <p>Acute Bacterial Sinusitis</p> | <p>Antibiotics if severe onset or worsening course.</p> <p>Watchful waiting is an option under certain conditions.</p> | <p>Should improve in 72 hours after institution of antibiotics.</p> | <p>Follow up if no improvement or if conditions persist or worsen.</p> <p>If watchful waiting, follow up within 72 hours if no improvement or worsening.</p> |
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Resources:

Hersh AL, Jackson MA, Hicks LA; the Committee on Infectious Diseases. Principles of judicious antibiotic prescribing for bacterial upper respiratory tract infections. *Pediatrics* 2013;132(6)

Lieberthal AS, Carroll AE, Chonmaitree T, et al. AAP Clinical Practice Guideline: The diagnosis and management of acute otitis media. *Pediatrics*. 2013;131(3):1451–1465

Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guide for diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2012;55(1):e86–e102

Wald ER, Applegate KE, Bordley C, et al. AAP clinical practice guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. *Pediatrics*. 2013;132; e262–e280