

# Acute Upper Respiratory Infections

Diagnosis	Key Symptoms	Key Clinical Findings	Antibiotic Treatment Recommendations
<b>Pharyngitis</b>	Sore throat with or without other upper respiratory symptoms (5-15% group A <i>Strep</i> )	Test for group A <i>Streptococcus</i> if three of the following are present: <ul style="list-style-type: none"> <li>• Fever</li> <li>• Swollen cervical lymphadenopathy</li> <li>• Tonsillar exudate</li> <li>• Absence of cough</li> </ul>	Antibiotics recommended <b>ONLY</b> if positive group A <i>Streptococcus</i> test or culture  <b>Preferred:</b> (treat x10 days) <ul style="list-style-type: none"> <li>• Amoxicillin</li> <li>• Penicillin VK</li> </ul> <b>Penicillin Allergy:</b> <ul style="list-style-type: none"> <li>• Cephalexin</li> <li>• Clindamycin</li> </ul>
<b>Sinusitis</b>	Nasal obstruction, purulent nasal discharge, facial pain, cough, decreased sense of smell (90-98% viral)	Criteria for Bacterial Sinusitis: <ul style="list-style-type: none"> <li>• <b>Persistent</b> and not improving (&gt;10 days)</li> <li>• <b>Worsening</b> (new onset fever, double sickening)</li> <li>• <b>Severe</b> symptoms or febrile (&gt;102°F) with purulent nasal discharge or pain lasting <math>\geq 3</math> days</li> </ul>	Antibiotics <b>MAY</b> be indicated if clinical criteria for bacterial sinusitis are met  <b>Preferred:</b> (treat x5-7 days) <ul style="list-style-type: none"> <li>• Augmentin</li> <li>• Amoxicillin</li> </ul> <b>Penicillin Allergy:</b> <ul style="list-style-type: none"> <li>• Doxycycline</li> <li>• Levofloxacin</li> <li>• Moxifloxacin</li> </ul>
<b>Uncomplicated Bronchitis</b>	Cough, possible phlegm production (>90% viral)	Differentiate from severe illness: pneumonia (abnormal vital signs, focal lung consolidation), pertussis (confirmed exposure/positive test), influenza (high fever, myalgias)	Antibiotics <b>NOT</b> recommended; cough duration (up to 6 weeks) or change in sputum color is not indicative of bacterial infection
<b>Common Cold</b>	Runny nose, cough, sore throat, nasal congestion	Differentiate from acute bacterial sinusitis	Antibiotics <b>NOT</b> recommended; Symptoms can last up to 14 days

- **NOTE:** Macrolide antibiotics are **NOT** recommended as 1<sup>st</sup> or 2<sup>nd</sup> line treatment for ARI yet are the 2<sup>nd</sup> most commonly prescribed outpatient antibiotic class
- Use penicillin or **penicillin-based antibiotics** as the cornerstone of therapy