

To: MDwise Hoosier Alliance Primary Medical Providers

Subject: Diagnosis and Treatment of Pharyngitis, Upper Respiratory Infection and Bronchitis in Children

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When the temperatures drop, the incidence of throat and respiratory infections in children rises. It can be tempting to appease the parents of these sick children by prescribing antibiotics. However, before pulling out the prescription pad, consider these diagnosis and treatment tips:

- **Let the source of the infection determine the treatment.** Most sore throats and cough illnesses, including bronchitis, are caused by viruses. What's more, studies have shown that treating upper respiratory infections with antibiotics will not prevent the development of bacterial complications. As a rule of thumb, antibiotics should not be used in children who have had a cough for less than 14 days and who show no physical signs of pneumonia. A cough that lingers longer than two weeks and shows no signs of improvement may suggest a second infection of bacterial origin, such as sinusitis.

Group A streptococcal pharyngitis can be confirmed through a combination of a positive antigen test and clinical and epidemiological findings. If a child tests positive for group A strep, penicillin is the preferred antibiotic. Erythromycin can be used if the child is allergic to penicillin.

- **Educate parents about why antibiotics might actually do more harm than good.** If parents balk at not being prescribed an antibiotic, explain that antibiotics only work against infections caused by bacteria; they will not cure viral infections. Give the parents a realistic expectation about how long it will take for their child to recover from a viral infection. In addition, explain that unnecessary antibiotic use can be harmful to both their children and society as a whole because it promotes the proliferation of resistant strains of infectious organisms.
- **Prescribe over-the-counter medicines carefully.** Cough and cold medicines should not be prescribed for children younger than 2 years old. Many parents still give these medicines to their infants and toddlers in spite of warnings against it, so careful patient education about the danger of overdosing and the lack of efficacy for children in this age group may be necessary.

For children older than two, use of cough syrup with antihistamines and decongestants is acceptable. Although there is a risk that the use of cough syrup may prolong illness and mask other conditions, the benefits of making the child more comfortable by alleviating the symptoms outweighs the risk.

To ensure the parents of your patients understand the dosing instructions you recommend, ask them to repeat the instructions back to you. Also, encourage them to call your office if they have any questions about the treatment regimen you've prescribed.

- **Carry a copy of *The Sanford Guide to Antimicrobial Therapy*.** A print version is available in pocket size. It can also be downloaded as an app for smart phones and accessed via the Web. For more information, visit, http://www.sanfordguide.com/Sanford_Guide/Home.html.