

Self-limiting respiratory tract infections – antibiotic prescribing overview

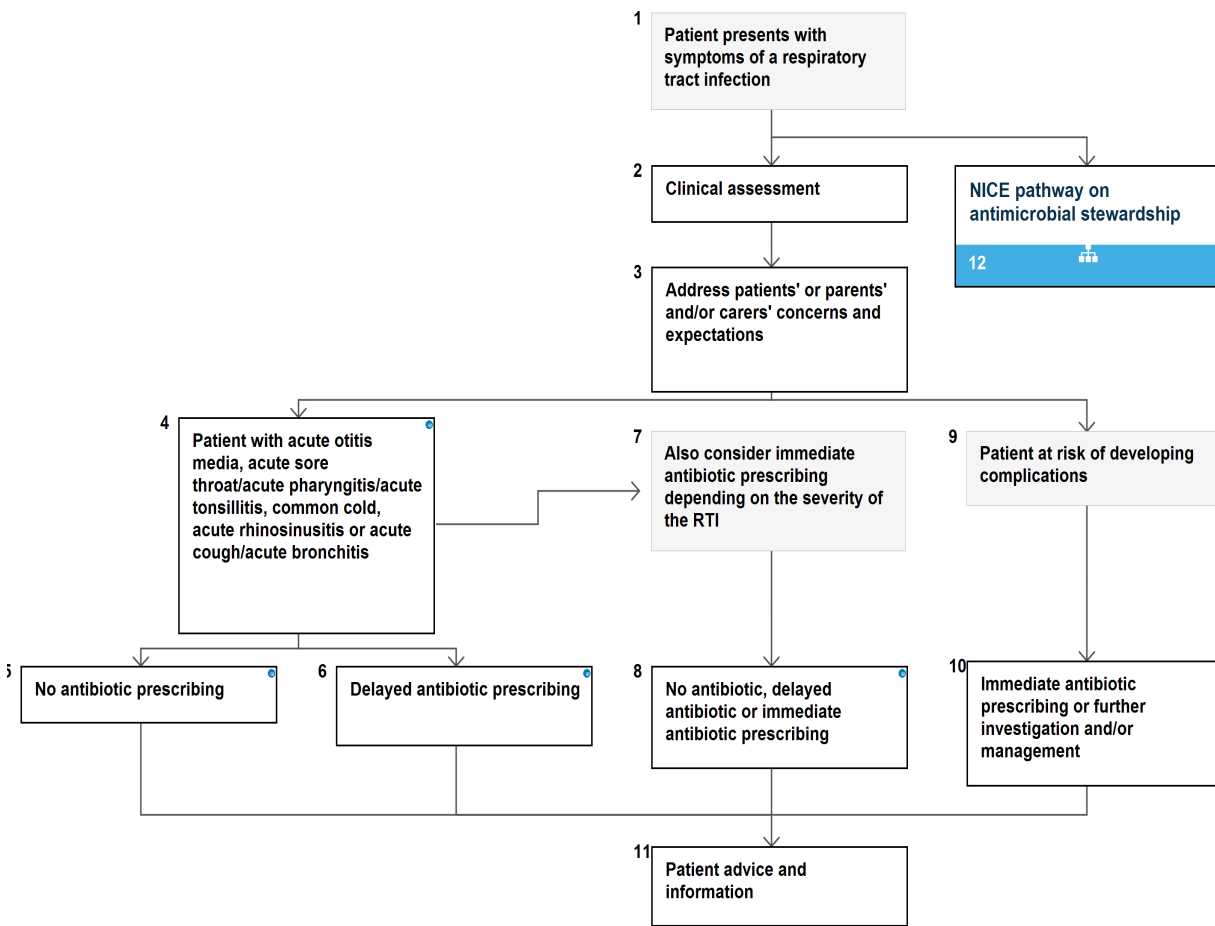
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NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/self-limiting-respiratory-tract-infections---antibiotic-prescribing>

Pathway last updated: 16 December 2016

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Patient presents with symptoms of a respiratory tract infection

No additional information

2 Clinical assessment

At the first face-to-face contact in primary care, including walk-in centres and emergency departments, offer a clinical assessment, including:

- history (presenting symptoms, use of over-the-counter or self medication, previous medical history, relevant risk factors, relevant comorbidities)
- examination as needed to establish diagnosis.

For information about fever in children younger than 5 years, refer to the NICE pathway on [fever in under 5s](#).

Meningitis

If meningitis is suspected, see the NICE pathway on [bacterial meningitis and meningococcal septicaemia](#).

Pneumonia

If pneumonia is suspected, see the NICE pathway on [pneumonia](#).

Sepsis

If sepsis is suspected, see the NICE pathway on [sepsis](#).

Tuberculosis

If tuberculosis is suspected, see the NICE pathway on [tuberculosis](#).

3 Address patients' or parents' and/or carers' concerns and expectations

Address patients' or parents'/carers' concerns and expectations when agreeing the use of the three antibiotic strategies (no prescribing, delayed prescribing and immediate prescribing).

4 Patient with acute otitis media, acute sore throat/acute pharyngitis/ acute tonsillitis, common cold, acute rhinosinusitis or acute cough/ acute bronchitis

The Infection control quality standard contains a quality statement about antibiotic prescribing.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Antimicrobial stewardship

5 No antibiotic prescribing

Offer patients:

- reassurance that antibiotics are not needed immediately because they will make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- a clinical review if the RTI worsens or becomes prolonged.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Antimicrobial stewardship

6 Delayed antibiotic prescribing

Offer patients:

- reassurance that antibiotics are not needed immediately because they will make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- advice about using the delayed prescription if symptoms do not settle or get significantly worse
- advice about re-consulting if symptoms get significantly worse despite using the delayed prescription.

The delayed prescription with instructions can either be given to the patient or collected at a later date.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Antimicrobial stewardship

7 Also consider immediate antibiotic prescribing depending on the severity of the RTI

No additional information

8 No antibiotic, delayed antibiotic or immediate antibiotic prescribing

Depending on clinical assessment of severity, also consider an immediate prescribing strategy for:

- children younger than 2 years with bilateral acute otitis media
- children with otorrhoea who have acute otitis media
- patients with acute sore throat/acute pharyngitis/acute tonsillitis when three or more Centor criteria (presence of tonsillar exudate, tender anterior cervical lymphadenitis, history of fever and an absence of cough) are present.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Antimicrobial stewardship

9 Patient at risk of developing complications

No additional information

10 Immediate antibiotic prescribing or further investigation and/or management

Offer immediate antibiotics or further investigation/management for patients who:

- are systemically very unwell
- have symptoms and signs suggestive of serious illness and/or complications (particularly pneumonia, mastoiditis, peritonsillar abscess, peritonsillar cellulitis, intraorbital or intracranial complications)
- are at high risk of serious complications because of pre-existing comorbidity. This includes patients with significant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis, and young children who were born prematurely
- are older than 65 years with acute cough and two or more of the following, or older than 80 years with acute cough and one or more of the following:
 - hospitalisation in previous year
 - type 1 or type 2 diabetes
 - history of congestive heart failure
 - current use of oral glucocorticoids.

NICE has produced a pathway on [pneumonia](#).

11 Patient advice and information

Offer all patients:

- advice about the usual natural history of the illness and average total illness length:
 - acute otitis media: 4 days
 - acute sore throat/acute pharyngitis/acute tonsillitis: 1 week
 - common cold: 1.5 weeks
 - acute rhinosinusitis: 2.5 weeks
 - acute cough/acute bronchitis: 3 weeks
- advice about managing symptoms including fever (particularly analgesics and antipyretics). For information about fever in children younger than 5 years, refer to the NICE pathway on [fever in under 5s](#).

NICE has written information for the public explaining its guidance on [respiratory tract infections \(self-limiting\): prescribing antibiotics](#).

12 NICE pathway on antimicrobial stewardship

[See Antimicrobial stewardship](#)

Sources

[Respiratory tract infections \(self-limiting\): prescribing antibiotics \(2008\) NICE guideline CG69](#)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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