Precious Drugs & Scary Bugs

ANTIBIOTIC STEWARDSHIP TOOLKIT
FOR OUTPATIENT PROVIDERS
Antibiotics Stewardship Toolkit for Primary Care Providers

The purpose of this toolkit is to provide Illinois primary care providers with resources to support appropriate antibiotic prescribing as part of the Illinois Precious Drugs & Scary Bugs Campaign. Launched originally in March 2015, the campaign aims to promote the judicious use of antibiotics in the outpatient setting. At least 28% of antibiotic courses prescribed in the outpatient setting are unnecessary.¹ Antibiotic resistance is among the greatest public health threats today, leading to 2.8 million infections and 35,000 deaths each year². In community settings, primary care physicians, account for 36% of all antibiotic prescriptions while physician assistants and nurse practitioners account for 29% of all prescriptions, highlighting the important role these providers play to ensure that antibiotics are prescribed only³:

- when needed;
- at the right dose;
- for the right duration; and
- at the right time.

The Centers for Disease Control and Prevention (CDC) recommends that all outpatient health care providers take steps to measure and improve how antibiotics are prescribed using the Core Elements of Outpatient Antibiotic Stewardship as a framework. The four core elements include:

- **Commitment**: Demonstrate dedication to optimizing antibiotic prescribing and patient safety
- **Action for Policy and Practice**: Implement a practice change to improve antibiotic prescribing
- **Tracking and Reporting**: Monitor antibiotic prescribing practices
- **Education and Expertise**: Provide educational resources to health care providers and patients

This toolkit is organized around these core elements and includes provider and patient resources. It is intended to be used as a practical action planning guide. For more information, please visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use) or e-mail Antibiotic.Stewardship@Hektoen.org.

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² Centers for Disease Control and Prevention. (2017). *Antibiotic/Antimicrobial Resistance*. Available at: [https://www.cdc.gov/drugresistance/about.html](https://www.cdc.gov/drugresistance/about.html)
## INTRODUCTION

The Need...04
What YOU Can Do: Core Elements of Outpatient Antibiotic Stewardship...05

1. **MAKE A COMMITMENT**...06
   *You can demonstrate commitment to optimizing antibiotic prescribing and patient safety by:*
   - Submitting a letter of commitment to IDPH
   - Displaying a customizable commitment poster
   - Identifying a leader to direct antibiotic stewardship activities
   - Including antibiotic stewardship-related duties in position descriptions or job evaluation criteria.

2. **ACT**
   *Implement policies and interventions to promote appropriate antibiotic prescribing*...10
   - Use evidence-based diagnostic criteria and treatment recommendations
   - Use delayed prescribing or watchful waiting
   - Provide communication skills training for prescribers
   - Require explicit written justification in the medical record for non-recommended antibiotic prescribing

3. **TRACK AND REPORT**
   *Implement at least one system to track and report antibiotic prescribing*...13
   - Self-assess antibiotic prescribing by completing this [survey](#)
   - Participate in continuing medical education and quality improvement activities to track and improve prescribing practices
   - Implement at least one antibiotic prescribing tracking and reporting system

4. **EDUCATE**
   *Educate patients about appropriate antibiotic use and the potential harms of antibiotic treatment with these resources:*...15
   - Improving Antibiotic Use
   - Antibiotics Aren’t Always the Answer
   - Preventing and Treating Ear Infections
   - Runny Nose from a Cold: Does your child need antibiotics?
   - Preventing and Treating Bronchitis

5. **Appendix**...21
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The Need

Antibiotic Prescribing in Outpatient Settings

- Over 60% of all antibiotic expenditures are associated with the outpatient setting.
- At least 28% of antibiotics prescribed in the outpatient setting are unnecessary.¹
- In 2020, Illinois outpatient providers dispensed 606 antibiotic prescriptions per 1,000 people.²

Unintended Consequences of Antibiotic use

- Adverse events from antibiotics include rashes, diarrhea, and severe allergic reactions. These lead to an average of 200,000 emergency department visits each year and contribute to excess health care costs.⁴
- Antibiotic treatment is the most important risk factor for Clostridium difficile infection, which can cause life-threatening diarrhea. A 2013 study found that over 40% of patients with C. difficile infection visited a physician’s office or dentist in the preceding four months.⁵

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What YOU Can Do:
Implement the Centers for Disease Control & Prevention’s Core Elements of Outpatient Antibiotic Stewardship

Commitment
Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety.

Action for policy and practice
Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed.

Tracking and reporting
Monitor antibiotic prescribing practices and offer regular feedback to clinicians, or have clinicians assess their own antibiotic prescribing practices themselves.

Education and expertise
Provide educational resources to clinicians and patients on antibiotic prescribing, and ensure access to needed expertise on optimizing antibiotic prescribing.

Read more about the Core Elements of Outpatient Antibiotic Stewardship by visiting:
http://tinyurl.com/outpatientstewardship
A commitment from your office to prescribe antibiotics appropriately and engage in antibiotic stewardship is critical to improving antibiotic prescribing.

Here are some ways your office can demonstrate commitment:

- Submit a statement of commitment to the Hektoen Institute by completing this form. Providers making a commitment can choose to be recognized on Hektoen’s website at https://www.hektoen.org/antibiotic-stewardship/.

- Display public commitment to antibiotic stewardship in your office (see sample templates on page 7).

- Identify a single leader to direct antibiotic stewardship activities in your facility.

- Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria.

- Communicate with all clinic staff members to set patient expectations.
Safe Antibiotic Use: An Important Message From Your Providers

Antibiotics only fight infections caused by bacteria.

Antibiotics will NOT help you feel better if you have a viral infection like:
- Cold or runny nose
- Bronchitis or chest cold
- Flu

If you take antibiotics when you don’t really need them, they can cause more harm than good:
- You can get diarrhea, rashes, or yeast infections
- Antibiotic overuse can lead to bacterial resistance

What can you do as a patient?
- Talk with me about the treatment that is best for you. Follow the treatment plan that we discuss.

As your healthcare provider, I will commit to giving you the best care possible. I am dedicated to avoiding prescribing antibiotics when they are likely to do more harm than good. If you have any questions, please ask me, your nurse, or your pharmacist. Sincerely,

Download the customizable template by visiting:

Tip Sheet for Leadership and Quality Improvement Lead: Maximizing Utility of the Commitment Poster

1. Discuss your facility’s participation in the Precious Drugs & Scary Bugs Campaign.
   Educate healthcare providers about the goals of the campaign and strategies for using the commitment poster.

2. Hang poster prominently in examination rooms and elsewhere
   During peak flu season (October to April), display the poster where it can be easily read by the patient and serve as a reminder to the provider during patient visits. Additional posters can be displayed in high traffic areas like waiting rooms.

Example of ideal location

Sample email template for notifying providers & staff

We are pleased to let you know that the commitment posters on judicious antibiotic use are here! As a reminder, this is part of our facility's participation in the Precious Drugs & Scary Bugs Campaign. The posters have been customized with the photos and names of providers who practice at this facility and you will see them displayed in the examination rooms [list any additional locations].

[Name of Facility] is dedicated to using antibiotics wisely. We hope that you will find the poster useful in speaking with patients about antibiotic use. If you have any questions or feedback about the poster, please contact [insert name of individual].

Example of less desirable location

Poster is in clear view.

Cords obstructing view of the poster.
Tip Sheet for Healthcare Providers:
What to Do with the Commitment Poster

1. Prepare for crucial conversations with patients.
   *Review resources to build communication skills with patients, such as:
   - Tips for talking to patients about viral respiratory infections
   - The American Academy of Family Physicians’ Choosing Wisely
     - Video Example: Discussion with a patient who requests antibiotics
   - Dialogue Around Respiratory Illness Treatment
     - Modules 2-7: Effectively managing patients’ expectations for antibiotic usage
   Role-play provider-patient conversations.

2. Talk to patients about appropriate use of antibiotics and explain how inappropriate use can be harmful.
   *Reinforce key messages on the commitment poster:
   - Antibiotics only fight infections caused by bacteria.
   - Antibiotics will NOT help you feel better if you have a viral infection like a cold, runny nose, or flu.
   - If you take antibiotics when you don’t really need them, they can cause more harm than good. For instance, you might feel worse, get diarrhea, rashes, or yeast infections. Also, each time people take antibiotics, they are more likely to carry resistant germs in their body.
   - Assure patients that their bodies will fight viral illnesses that cause most ARIs

3. Encourage symptomatic treatment for viral syndromes.
   These free and downloadable prescription pads can be used to indicate symptomatic relief for a viral illness diagnosis:
   - Symptomatic relief prescription pad
   - Delayed prescribing prescription pad
   - Watchful waiting prescription pad
   - Taking your antibiotics prescription pads
2. Act

Primary care providers can implement policies and interventions to promote appropriate antibiotic prescribing practices.

☐ Use evidence-based diagnostic criteria and treatment recommendations
  - **Adult Treatment Recommendations**
  - **Pediatric Treatment Recommendations**

☐ Use delayed prescribing or watchful waiting, when appropriate.
  - View examples of prescription pads for delayed prescribing, watchful waiting, and symptomatic relief on page 11

☐ Provide communication skills training for prescribers
  - View a list of communication skills trainings on page 9

☐ Require explicit written justification in the medical record for non-recommended antibiotic prescribing

☐ Provide support for clinical decisions
Sample Delayed Prescribing, Watchful Waiting, and Symptomatic Relief Prescription Pads

What Is Delayed Prescribing?

WAIT. DO NOT FILL YOUR PRESCRIPTION JUST YET.

Your healthcare professional believes your illness may resolve on its own. First, follow your healthcare professional’s recommendations to help you feel better without antibiotics. Continue to monitor your own symptoms over the next few days.

- Rest
- Drink extra water and fluids
- Use a cool mist vaporizer or saline nasal spray to relieve congestion
- For sore throats in adults and older children, try ice chips, sore throat spray, or lozenges
- Use honey to relieve cough. Do not give honey to an infant younger than 1.

If you do not feel better in ___ days/hours or feel worse, go ahead and fill your prescription.

If you feel better, you do not need the antibiotic, and do not have to risk the side effects.

Waiting to see if you really need an antibiotic can help you take antibiotics only when needed. When antibiotics aren’t needed, they won’t help you, and the side effects could still hurt you. Common side effects of antibiotics can include rash, dizziness, nausea, diarrhea, and yeast infections.

Antibiotics save lives, and when a patient needs antibiotics, the benefits outweigh the risks of side effects. You can prevent or delay antibiotic use when antibiotics are and are not needed.

To learn more about antibiotic prescribing and visit www.cdc.gov/antibiotic-use.

What Is Watchful Waiting?

WAIT. DO NOT FILL YOUR PRESCRIPTION JUST YET.

Your healthcare professional believes your illness may go away on its own. You should watch and wait for ___ days/hours before deciding whether to take an antibiotic.

In the meantime, follow your healthcare professional’s recommendations to help you feel better and continue to monitor your own symptoms over the next few days.

- Rest
- Drink extra water and fluids
- Use a cool mist vaporizer or saline nasal spray to relieve congestion
- For sore throats in adults and older children, try ice chips, sore throat spray, or lozenges
- Use honey to relieve cough. Do not give honey to an infant younger than 1.

If you feel better, no further action is necessary. You don’t need antibiotics.

If you do not feel better, experience new symptoms, or have other concerns, call your healthcare professional. Discuss whether you need a recheck or antibiotics.

It may not be convenient to visit your healthcare professional multiple times, but you should try to visit only when needed. When antibiotics aren’t needed, side effects could still hurt you. Common side effects include dizziness, nausea, diarrhea, and yeast infections.

If a patient needs antibiotics, the benefits outweigh the risks, but select yourself and others by learning when antibiotics are and are not needed.

Symptom Relief for Viral Illnesses

1. DIAGNOSIS
   - Cold or cough
   - Middle ear fluid (Otitis Media with Effusion, OME)
   - Flu
   - Viral sore throat
   - Bronchitis
   - Other

   You may have been diagnosed with an illness caused by a virus. Antibiotics do not work to treat these viral illnesses. When antibiotics aren’t needed, they won’t help you, and the side effects could still hurt you. This treatment plan below will help you feel better while you’re waiting for the virus to go away.

2. GENERAL INSTRUCTIONS
   - Drink extra water and fluids
   - Use a cool mist vaporizer or saline nasal spray to relieve congestion
   - For sore throats in adults and older children, try ice chips, sore throat spray, or lozenges
   - Use honey to relieve cough. Do not give honey to an infant younger than 1.

3. SPECIFIC MEDICINES
   - Fever or chills
   - Ear pain
   - Sore throat and congestion

   Use medicines according to the package instructions. Any medicine directed by your healthcare professional stops the medication when the symptoms get better.

4. FOLLOW UP
   - If not improved in ___ days/hours, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
   - Other

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.

Download these free resources by visiting here.
Provider Communication Skills Training

To Prescribe or Not to Prescribe? Antibiotics and Outpatient Infections

- **Description:** Sponsored by Stanford University, this free continuing medical education (CME) module provides a practical approach for treating outpatient infections and navigating patient interactions through a “Choose your own adventure” experience.
- **Length:** 1.75 hours
- **CME credits offered:** Yes

CDC Training on Antibiotic Stewardship

- **Description:** Developed by the Centers for Disease Control and Prevention (CDC), this free module encourages open discussion among physicians and patients and informs health care professionals about appropriate antibiotic prescribing.
- **Length:** 8 hours
- **CME credits offered:** Yes

Primary Care Office Visits: Antibiotic

- **Description:** Sponsored by the Robert Wood Johnson Foundation, this role play simulation was created to assist healthcare providers and their patients in improving their communication skills.
- **Length:** 30 minutes
- **CME credits offered:** No

Dialogue around Respiratory Illness Treatment: Optimizing Communication with Parents

- **Description:** This learning module was created by interactive Medical Training Resources at the University of Washington evaluating how doctor-parent communication influences antibiotic prescribing for acute respiratory illness in patients.
- **Length:** 15 minutes
- **CME credits offered:** No

Choosing Wisely Communication Modules

- **Description:** Developed by Drexel University College of Medicine, these interactive modules are designed to enhance physician and patient communication and address patient attitudes and beliefs that more care is better care. The modules are based on medical society recommendations from the Choosing Wisely campaign.
- **Length:** 1 hour
- **CME Credits offered:** No
3. Track and Report

Tracking and reporting antibiotic prescribing can guide changes in practice and be used to assess progress in improving antibiotic prescribing. Primary care providers can track and report antibiotic prescribing practices by doing the following:

☐ Self-evaluate antibiotic prescribing practices
  o Self-assess prescribing behavior by completing the survey found at [https://redcap.link/PDSB2022](https://redcap.link/PDSB2022)

☐ Participate in continuing medical education and quality improvement activities to track and improve prescribing practices.
  o Attend the annual Illinois Summit on Antimicrobial Stewardship

☐ Implement at least one antibiotic prescribing tracking and reporting system.

☐ Assess and share performance on quality measures and established reduction goals addressing appropriate antibiotic prescribing from health care plans and payers
1. Monitor performance on HEDIS measures.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a performance measurement tool used by most health plans in the United States. HEDIS includes the following clinical quality measures related to antibiotic use:

- **Appropriate testing for children with pharyngitis**
  Percent of children ages 3 to 18 years who were diagnosed with pharyngitis, prescribed antibiotics and received group A streptococcus (strep) test for the episode.

- **Appropriate treatment for children with upper respiratory infection, URI**
  Percent of children ages 3 months to 18 years who were diagnosed with URI and were not dispensed an antibiotic prescription on or within three days after the episode date.

- **Avoidance of antibiotic treatment in adults with acute bronchitis**
  Percent of adults ages 18-64 years diagnosed with acute bronchitis who were not dispensed an antibiotic prescription.

2. Give providers and staff feedback about collected data

When possible, the preferred approach, is to track antibiotic prescribing at the individual clinician level. Individualized feedback provided to clinicians on antibiotic prescribing is an effective way to promote adherence to evidence-based guidelines.6,7,8,9 Effective feedback interventions have included comparison of clinicians’ performance with that of their peers,6 particularly with peers who perform in the top 10% on quality measures or in adherence to evidence-based guidelines (i.e., top-performing peers).10

- **Improving Outpatient Antibiotic Use Through Audit and Feedback**
- **Example Feedback Letter to Providers About Number of Antibiotics Prescribed**

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9 Butler CC, Simpson SA, Dunstan F, et al. Effectiveness of multifaceted educational programme to reduce antibiotic dispensing in primary care: practice based randomised controlled trial. BMJ 2012;344:d8173. [http://dx.doi.org/10.1136/bmj.d8173](http://dx.doi.org/10.1136/bmj.d8173)

Primary care providers can educate patients about the potential harms of antibiotic treatment with the following tools:

- Improving Antibiotic Use (page 16)
  - Download [here](#)

- Antibiotics Aren’t Always the Answer (page 17)
  - Download [here](#)

- Preventing and Treating Ear Infections (page 18)
  - Download [here](#)

- Are Antibiotics Needed for My Child’s Runny Nose? (page 19)
  - Download [here](#)

- Preventing and Treating Bronchitis (page 20)
  - Download [here](#)
Improving Antibiotic Use
Download here:
Antibiotics Aren’t Always the Answer

Download here:

Questions to Ask Your Healthcare Professional

If your child is sick, here are three important questions to ask your healthcare professional:

1. What is the best treatment for my child’s illness?
   
   Your child can feel better without an antibiotic. Respiratory viruses usually go away in a week or two without treatment. Ask your healthcare professional about the best way to feel better while your child’s body fights off the virus.

   - **Common Condition**
   - **Common Cause**
   - **Are Antibiotics Needed?**
   - **Bacteria**
   - **Virus**

<table>
<thead>
<tr>
<th>Common Condition</th>
<th>Common Cause</th>
<th>Are Antibiotics Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore throat</td>
<td>Bacteria</td>
<td>Yes</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>Bacteria</td>
<td>Yes</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>Bacteria</td>
<td>Yes</td>
</tr>
<tr>
<td>Sinus infection</td>
<td>Bacteria</td>
<td>Maybe</td>
</tr>
<tr>
<td>Middle ear infection</td>
<td>Bacteria</td>
<td>Maybe</td>
</tr>
<tr>
<td>Bronchitis/upper respiratory infection</td>
<td>Bacteria, Virus</td>
<td>Yes*</td>
</tr>
<tr>
<td>Common cold/runny nose</td>
<td>Bacteria</td>
<td>No</td>
</tr>
<tr>
<td>Sore throat (except dengue fever)</td>
<td>Bacteria</td>
<td>No</td>
</tr>
<tr>
<td>Flu</td>
<td>Bacteria</td>
<td>No</td>
</tr>
</tbody>
</table>

*Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won’t help you feel better.

2. What do I need to know about the antibiotics you’re prescribing for my child today?
   
   The antibiotic prescribed should be the one most likely to treat the infection, while causing the least side effects. Some types of antibiotics, such as fluoroquinolones, are stronger and more effective for certain types of bacteria. In some cases, antibiotics may not be the best treatment option. If an antibiotic is prescribed, the healthcare professional may recommend alternative treatments.

3. What can I do to help my child feel better?
   
   Pain relievers, fever reducers, saline nasal spray or drops, warm compresses, liquids, and rest may be the best ways to help your child feel better. Your healthcare professional can tell you how to help relieve your child’s symptoms.

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.
Preventing and Treating Ear Infections

Download [here](#):
Are antibiotics needed for a runny nose?

No. Antibiotics do not work on viruses that cause colds or runny noses, even if the mucus is thick, yellow, or green.

A runny nose is a normal part of a cold. Your child’s doctor or nurse may prescribe other medicine or give you tips to help with symptoms like fever and cough.

What causes a runny nose during a cold?

When the viruses that cause colds first infect the nose and sinuses, the nose makes clear mucus. This helps wash the virus from the nose and sinuses. After two or three days, the body’s immune system fights back, changing the mucus to a white or yellow color. When bacteria that normally live in the nose grow back during the recovery phase, they then change the mucus to a greenish color. This is all normal and does not mean your child needs antibiotics.

Why not just try antibiotics?

When antibiotics aren’t needed, they won’t help and could even cause harm. Taking antibiotics creates resistant bacteria. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Any time antibiotics are used, they can cause side effects and can lead to antibiotic resistance. Side effects of antibiotics can include rash, dizziness, stomach problems, and yeast infections.

How can I help my child feel better?

Contact your child’s doctor or nurse for advice on treatment appropriate for your child. In general, consider these other tips:

- Make sure they rest and drink plenty of fluids.
- Use a clean humidifier or cool mist vaporizer.
- Use saline nasal spray or drops.
- For young children, use a rubber suction bulb to clear mucus.
- Older children can breathe in steam from a bowl of hot water or shower.
- Use honey to relieve cough (if your child is at least 1 year old).
- Ask your child’s doctor or pharmacist about over-the-counter medicines that can help them feel better. Always use over-the-counter medicines as directed. Remember, over-the-counter medicines may provide temporary relief of symptoms, but they will not cure your child’s illness.

Improving the way we take antibiotics can help fight antibiotic resistance and ensure that lifesaving antibiotics will be available for future generations.

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.
Preventing and Treating Bronchitis

Download [here](#):
# Appendix

## Adult Outpatient Treatment Recommendations

*Available [Here](#)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosis</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute rhinosinusitis(^1,(^2)</td>
<td>• Diagnose acute bacterial rhinosinusitis based on symptoms that are:</td>
<td>If a bacterial infection is established:</td>
</tr>
<tr>
<td></td>
<td>o Severe (&gt;3-4 days), such as a fever (\geq39^\circ\text{C} (102^\circ\text{F})) and purulent nasal discharge or facial pain;</td>
<td>• Watchful waiting is encouraged for uncomplicated cases for which reliable follow-up is available.</td>
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<tr>
<td></td>
<td>o Persistent (&gt;10 days) without improvement, such as nasal discharge or daytime cough; or</td>
<td>• Amoxicillin or amoxicillin/clavulanate is the recommended first-line therapy.</td>
</tr>
<tr>
<td></td>
<td>o Worsening (3-4 days) such as worsening or new onset fever, daytime cough, or nasal discharge after initial improvement of a viral upper respiratory infections (URI) lasting 5-6 days.</td>
<td>• Macrolides such as azithromycin are not recommended due to high levels of <em>Streptococcus pneumoniae</em> antibiotic resistance (~40%).</td>
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<tr>
<td></td>
<td>• Sinus radiographs are not routinely recommended.</td>
<td>• For penicillin-allergic patients, doxycycline or a respiratory fluoroquinolone (levofloxacin or moxifloxacin) are recommended as alternative agents.</td>
</tr>
<tr>
<td>Acute uncomplicated bronchitis(^3,(^5)</td>
<td>• Evaluation should focus on ruling out pneumonia, which is rare among otherwise healthy adults in the absence of abnormal vital signs (heart rate (\geq100\text{ beats/min},) respiratory rate (\geq24\text{ breaths/min},) or oral temperature(\geq38\text{ °C}) and abnormal lung examination findings (focal consolidation, egophony, fremitus).</td>
<td>Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended, regardless of cough duration.</td>
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<tr>
<td></td>
<td>• Colored sputum does not indicate bacterial infection.</td>
<td>Options for symptomatic therapy include:</td>
</tr>
<tr>
<td></td>
<td>• For most cases, chest radiography is not indicated.</td>
<td>• Cough suppressants (codeine, dextromethorphan);</td>
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<tr>
<td></td>
<td></td>
<td>• First-generation antihistamines (diphenhydramine);</td>
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<tr>
<td></td>
<td></td>
<td>• Decongestants (phenylephrine).</td>
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<tr>
<td></td>
<td></td>
<td>Evidence supporting specific symptomatic therapies is limited.</td>
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<tr>
<td>Common cold or non-specific upper respiratory tract infection (URI)⁶,⁷</td>
<td>• Prominent cold symptoms include fever, cough, rhinorrhea, nasal congestion, postnasal drip, sore throat, headache, and myalgias.</td>
<td>• Decongestants (pseudoephedrine and phenylephrine) combined with a first-generation antihistamine may provide short-term symptom relief of nasal symptoms and cough. • Non-steroidal anti-inflammatory drugs can be given to relieve symptoms. • Evidence is lacking to support antihistamines (as monotherapy), opioids, intranasal corticosteroids, and nasal saline irrigation as effective treatments for cold symptom relief. Providers and patients must weigh the benefits and harms of symptomatic therapy.</td>
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<tr>
<td>Pharyngitis⁸,⁹</td>
<td>• Clinical features alone do not distinguish between GAS and viral pharyngitis; a rapid antigen detection test (RADT) is necessary to establish a GAS pharyngitis diagnosis. • Those who meet two or more Centor criteria (e.g., fever, tonsillar exudates, tender cervical lymphadenopathy, absence of cough) should receive a RADT. Throat cultures are not routinely recommended for adults.</td>
<td>• Antibiotic treatment is NOT recommended for patients with negative RADT results. • Amoxicillin and penicillin V remain first-line therapy due to their reliable antibiotic activity against GAS. • For penicillin-allergic patients, cephalexin, cefadroxil, clindamycin, or macrolides are recommended. • GAS antibiotic resistance to azithromycin and clindamycin are increasingly common. • Recommended treatment course for all oral beta lactams is 10 days.</td>
</tr>
<tr>
<td>Acute uncomplicated cystitis¹⁰,¹¹</td>
<td>• Classic symptoms include dysuria, frequent voiding of small volumes, and urinary urgency. Hematuria and suprapubic discomfort are less common. • Nitrites and leukocyte esterase are the most accurate indicators of acute uncomplicated cystitis.</td>
<td>For acute uncomplicated cystitis in healthy adult non-pregnant, premenopausal women: • Nitrofurantoin, trimethoprim/sulfamethoxazole (TMP-SMX, where local resistance is &lt;20%), and fosfomycin are appropriate first-line agents. • Fluoroquinolones (e.g. ciprofloxacin) should be reserved for situations in which other agents are not appropriate.</td>
</tr>
</tbody>
</table>
**Adult Outpatient Treatment Recommendations References**


