

Quick reference guide

Issue date: July 2008

Respiratory tract infections – antibiotic prescribing

Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care

To view the flowchart in this document arrange pages 3, 4 and 5 side by side and in order

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in Respiratory tract infections: prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care (NICE clinical guideline 69).

Who should read this booklet?

This quick reference guide is for primary care healthcare professionals and other staff who care for adults and children with respiratory tract infections.

Who wrote the guideline?

The guideline was developed by the Centre for Clinical Practice at NICE following the short clinical guideline process. The Centre worked with a group of healthcare professionals (including consultants, GPs and nurses), patients and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Patient-centred care

Treatment and care should take into account patients' individual needs and preferences. Good communication is essential, supported by evidence-based information, to allow patients to reach informed decisions about their care. Follow Department of Health advice on seeking consent if needed. If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care. If caring for young people in transition between paediatric and adult services refer to 'Transition: getting it right for young people' (available from www.dh.gov.uk).

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

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 that would be inconsistent with compliance with those duties.

View the flowchart by arranging pages 3, 4 and 5 side by side and in order

Care pathway for respiratory tract infections (RTIs)

Agree a no antibiotic or delayed antibiotic prescribing strategy for patients with acute otitis media, acute sore throat/acute pharyngitis/acute tonsillitis, common cold, acute rhinosinusitis or acute cough/acute bronchitis.

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.

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.

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: 1½ weeks

- acute rhinosinusitis: 2¹/₂ weeks
- acute cough/acute bronchitis:3 weeks

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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.

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

However, also consider an immediate prescribing strategy for the following subgroups, depending on the severity of the RTI.

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 criteria¹ are present.

 advice about managing symptoms including fever (particularly analgesics and antipyretics). For information about fever in children younger than 5 years, refer to 'Feverish illness in children' (NICE clinical guideline 47). View the flowchart by arranging pages 3, 4 and 5 side by side and in order

The patient is at risk of developing complications.

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.

Implementation tools

NICE has developed tools to help organisations implement this guidance.

These are available on our website (www.nice.org.uk/CG069).

Further information

Ordering information

You can download the following documents from www.nice.org.uk/CG069

- A quick reference guide (this document) a summary of the recommendations for healthcare professionals.
- 'Understanding NICE guidance' information for patients and carers.
- The full guideline all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or 'Understanding NICE guidance', phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1623 (quick reference guide)
- N1624 ('Understanding NICE guidance').

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see the website (www.nice.org.uk).

Published

'Feverish illness in children: assessment and initial management in children younger than 5 years'. NICE clinical guideline 47 (2007). Available from www.nice.org.uk/CG047

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be posted on the NICE website (www.nice.org.uk/CG069).

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