

Antibiotic Use for URI in children

Adapted from Pediatrics Journal 2004; American Academy of Pediatrics, November, 2013

Antibiotics are **not** indicated for URI **unless**:

Rhinitis: 10-14 days of symptoms: mucopurulent nasal discharge

Sinusitis: 10-14 days of symptoms: rhinorrhea and cough; severe upper respiratory s/s, such as fever >39C (102.2F), facial swelling, facial pain; maxillary tooth pain; unilateral maxillary sinus tenderness; worsening of symptoms after initial improvement

Acute Otitis Media: Acute onset of symptoms: middle-ear effusion; s/s of middle-ear inflammation; bilateral in children younger than 2 years; children with AOM and otorrhea

Pharyngitis: positive strep test; exposure with documented case of GABHS

Cough illness / Bronchitis: Consider and treat according to established recommendations – pertussis and *Mycoplasma pneumoniae*. Children with underlying chronic pulmonary disease (*not asthma*) may occasionally benefit from antibiotics for acute exacerbations.