

CLINICAL PEARLS FOR THE MANAGEMENT OF RTIs

- 1. Decide whether signs and symptoms are likely of viral or likely of bacterial origin**
- 2. If a viral infection is suspected, do not prescribe an antimicrobial**
 - a. Educate the patient on the consequences of overusing antimicrobials
 - b. Suggest alternative approaches to alleviate symptoms
- 3. Utilize diagnostic approaches to confirm a bacterial infection and severity of illness**
- 4. Determine appropriate site of care using risk assessment tools (e.g., CURB-65)**
- 5. Patient factors to consider:**
 - a. Presence of risk factors for a resistant infection
 - b. Recent prior antimicrobial use
(if so, prescribe a different class of agent)
- 6. Environmental factors to consider:**
 - a. Local resistance trends of common respiratory tract pathogens
 - b. Occurrence of a local outbreak
- 7. Consider antimicrobials that are highly active against the suspected pathogen**
- 8. Prescribe an appropriate dose and duration of therapy to:**
 - a. Eradicate the infection
 - b. Minimize the risk of resistance development
- 9. Emphasize to the patient the importance of:**
 - a. Initiating therapy as soon as possible
(if a first dose is not given at the office visit)
 - b. Following the prescription order instructions
 - c. Using precautions to minimize exposure to others
(i.e., stay home from work, school, etc.)
- 10. For patients who have failed initial therapy:**
 - a. Consider the reason for failure
(i.e., drug, dose, duration, route of administration, etc.)
 - b. Re-assess site of care
 - c. Consider additional microbiologic tests (culture and susceptibility test)