

Are you using antibiotics wisely?



30-50% OF ANTIBIOTICS PRESCRIBED FOR ACUTE RESPIRATORY INFECTIONS IN PRIMARY CARE ARE UNNECESSARY.

FAMILY PHYSICIANS LIKE YOU ARE KEY PARTNERS IN THE BATTLE AGAINST ANTIMICROBIAL RESISTANCE – AN EMERGING PUBLIC HEALTH THREAT.

Below are key practice changes to help you optimize your antibiotic prescribing.

Using a viral prescription and/or a delayed prescription can be a better alternative to immediate use of antibiotics.

To learn more about the campaign or access evidence-informed resources, please visit:

www.choosingwiselycanada.org/antibiotics

UNCOMPLICATED OTITIS MEDIA

MOST CASES ARE VIRAL

You should consider antibiotics in vaccinated children > 6 months and adults **ONLY** in the following circumstances:

- The tympanic membrane is suspected to be perforated and there is a purulent discharge
- The tympanic membrane is red and bulging **WITH** one of the three following criteria:

- ① A fever is present ($\geq 39^{\circ}\text{C}$) **OR** ② The patient is moderately or severely ill **OR** ③ Symptoms lasting > 48 hours

UNCOMPLICATED PHARYNGITIS

MOST CASES ARE VIRAL

You should consider antibiotics **ONLY** if a rapid strep test or a culture is **positive**.

You don't need a rapid strep test, or a culture **IF**:

- ① Modified/McIsaac Centor score ≤ 1 **OR** ② The patient has symptoms such as rhinorrhea, oral ulcers or hoarseness (these are signs of a viral infection)

MODIFIED/MCISAAC CENTOR SCORE	
Criteria	Score
Age 3-14 years	1
Age ≥ 45 years	-1
Tonsillar exudate	1
Tender or swollen lateral cervical lymph nodes	1
Temperature $> 38^{\circ}\text{C}$	1
Absence of cough	1

UNCOMPLICATED SINUSITIS

MOST CASES ARE VIRAL

You should consider antibiotics **ONLY** in the following circumstance:

- ① Symptoms have been present for at least 7 days **AND**
- ② There are at least 2 of the **PODS** symptoms **AND**
- ③ One of the symptoms is O or D **AND**
- ④ The symptoms are severe **OR** they are still present after a 3 day trial of nasal corticosteroids

PODS	
P	Facial P ain, pressure, or fullness
O	Nasal O bstruction
D	Nasal purulence or discoloured postnasal D ischarge
S	Hyposmia or anosmia (S mell)

PNEUMONIA

Before giving an antibiotic prescription consider the following:

1. You should not make this diagnosis only on the basis of abnormal sounds (crackles) on lung exam.
2. You should confirm the presence of a new consolidation by a chest x-ray unless not possible in your setting.
3. Vaccinated children > 6 months and adults without vital sign abnormalities and a normal respiratory examination are unlikely to have a pneumonia. They most likely don't need a chest x-ray.

COPD EXACERBATIONS

You should not consider antibiotics unless there is a clear increase in sputum purulence **AND**:

1. Increase in sputum volume **AND/OR**
2. Increased dyspnea.

- **COMMON COLD**
- **INFLUENZA LIKE ILLNESS**
- **BRONCHITIS**
- **BRONCHIOLITIS**
- **ASTHMA EXACERBATIONS**



Antibiotics are never warranted in these syndromes **UNLESS** there is a super-imposed bacterial otitis, sinusitis or pneumonia that meets the above criteria.

RESOURCES

Please use the following link to access and download clinician tools, educational posters and other patient resources to support the recommended changes in your practice: www.choosingwiselycanada.org/antibiotics

You can also integrate the Viral Prescription and Delayed Prescription in your existing Electronic Medical Record by using the e-forms and instructions provided for Accuro, TELUS Health (PS Suite) and OSCAR.

VIRAL AND DELAYED PRESCRIPTION

Rx Patient Name: _____ Date: _____

The symptoms you presented with today suggest a **VIRAL** infection.

- Upper Respiratory Tract Infection (Common Cold): Lasts 7-14 days
- Flu: Lasts 7-14 days
- Acute Pharyngitis ("Sore Throat"): Lasts 3-7 days, up to 10 days
- Acute Bronchitis ("Chest Cold"/Cough): Lasts 7-21 days
- Acute Sinusitis ("Sinus Infection"): Lasts 7-14 days

You have not been prescribed antibiotics because antibiotics are not effective in treating viral infections. Antibiotics can cause side effects (e.g. diarrhea, yeast infections) and may cause serious harm such as severe diarrhea, allergic reactions, kidney or liver injury.

When you have a viral infection, it is very important to get plenty of rest and give your body time to fight off the virus.

If you follow these instructions, you should feel better soon:

- Rest as much as possible
- Drink plenty of fluids
- Wash your hands frequently
- Take over-the-counter medication, as advised.

Rx DELAYED PRESCRIPTION

About Your Delayed Prescription

WANT. Don't fill your prescription just yet. Your health care provider believes your illness may resolve on its own. Follow the steps below to get better.

First, continue to monitor your symptoms over the next few days and try the following remedies to help you feel better:

- Get lots of rest.
- Drink plenty of water.
- For a sore throat: ice chips, throat lozenges or spray, or gargle with salt water.
- For a stuffy nose: saline nasal spray or drops.
- For fever and pain relief: acetaminophen or ibuprofen.

POSTERS FOR WAITING ROOMS



ANTIBIOTICS:
THREE QUESTIONS TO ASK
YOUR HEALTH CARE PROVIDER

- 1) Do I really need antibiotics?
Antibiotics fight bacterial infections, like strep throat, whooping cough and bladder infections. But they don't fight viruses – like common colds, flu, or most sore throats and sinus infections. Ask if you have a bacterial infection.
- 2) What are the risks?
Antibiotics can cause unwanted side effects such as diarrhea.

PATIENT PAMPHLETS

Colds, Flu, and Other Respiratory Illnesses: Don't Rush to Antibiotics

If you have a sore throat, cough, or sinus pain, you might expect to take antibiotics. After all, you feel bad, and you want to get better fast. But antibiotics don't help most respiratory infections, and they can even be harmful.

Antibiotics kill bacteria, not viruses. Antibiotics fight infections caused by bacteria. But most respiratory infections are caused by viruses. Antibiotics can't cure a virus.

Viruses cause:

- All colds and flu
- Almost all sinus infections
- Most bronchitis (chest coughs)
- Most sore throats, especially with a cough.

They can cause drug-resistant infections, even disability or death. The resistant bacteria—the superbugs—can also spread to family members.

Treating Sinus Infections: Don't rush to antibiotics

Millions of people are prescribed antibiotics each year for sinus infections, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinus infections. Unfortunately, most of those people don't need the drugs. Here's why:

The drugs usually don't help

Sinus infections can be painful. People with the condition usually have a stuffy nose combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens.