

CAREFUL ANTIBIOTIC USE

When parents request antibiotics for rhinitis or the "common cold"... Give them an explanation, not a prescription.

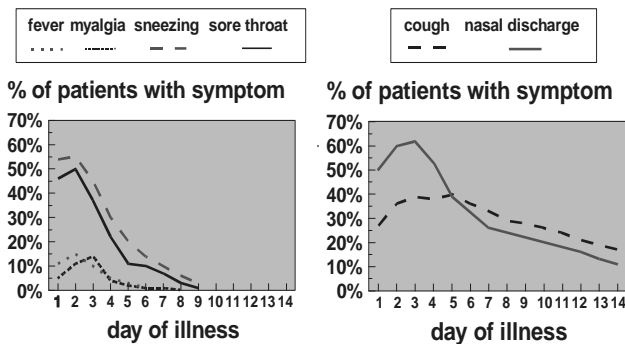
RHINITIS VERSUS SINUSITIS IN CHILDREN¹

Remember:

Children have 2-9 viral respiratory illnesses per year.²

In uncomplicated colds, cough and nasal discharge may persist for 14 days or more – long after other symptoms have resolved

Duration of symptoms in 139 rhinovirus colds³



Controlled studies do not support antibiotic treatment of mucopurulent rhinitis.⁴

Antibiotics do not effectively treat URI, or prevent subsequent bacterial infections.⁵

Don't overdiagnose sinusitis

Though most viral URIs involve the paranasal sinuses, only a small minority are complicated by bacterial sinusitis.

Avoid unnecessary treatment by using strict criteria for diagnosis:⁵

Symptoms of rhinorrhea or persistent day-time cough lasting more than 10 - 14 days without improvement.

or

Severe symptoms of acute sinus infection:

- fever (> 39 C) with purulent nasal discharge
- facial pain or tenderness
- periorbital swelling

Treating sinusitis:

■ Target likely organisms with first-line drugs:

Amoxicillin, Amoxicillin/Clavulanate⁶

■ Use shortest effective course:

Should see improvement in 2-3 days. Continue treatment for 7 days after symptoms improve or resolve (usually a 10 - 14 day course).⁷

■ Consider imaging studies in recurrent or unclear cases:

But remember that some sinus involvement is frequent early in the course of uncomplicated viral URI - so interpret studies with caution.

Share the CDC/AAP principles and pamphlets with parents to help them understand when antibiotic treatment risks outweigh the benefits.

- rhinorrhea, fever, and cough are symptoms of viral URI
- changes in mucous to yellow, thick, or green are the natural course of viral URI, NOT an indication for antibiotics.⁸
- treating viral URI will not shorten the course of illness or prevent bacterial infection.⁵

References

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