Are you using antibiotics wisely?

30-50% of antibiotics prescribed for acute respiratory infections in primary care are unnecessary. Families 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 (≥ 39°C)
  2. The patient is moderately or severely ill
  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
2. The patient has symptoms such as rhinorrhea, oral ulcers or hoarseness (these are signs of a viral infection)

**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

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<th>MODIFIED/MCISAAC CENTOR SCORE</th>
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<td>Criteria</td>
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<tr>
<td>Age 3-14 years</td>
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<td>Age ≥ 45 years</td>
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<td>Tonsillar exudate</td>
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<td>Tender or swollen lateral cervical lymph nodes</td>
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<td>Temperature &gt; 38°C</td>
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<td>Absence of cough</td>
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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.

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

POSTERS FOR WAITING ROOMS

ANTIBIOTICS: THREE QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

1) Do I really need antibiotics?
   Antibiotics fight bacteria, not viruses. They work when you do need them in the future.

2) What are the risks?
   Antibiotics cause harmful side effects such as diarrhea.

PATIENT PAMPHLETS

Code, Flu, and Other Respiratory Infections: Don’t rush to antibiotics

Treating Sino Infections: Don’t rush to antibiotics