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.**

### Key Practice Statements

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](http://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)  **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)

### 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

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

**PODS**

<table>
<thead>
<tr>
<th><strong>P</strong></th>
<th>Facial Pain, pressure, or fullness</th>
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</thead>
<tbody>
<tr>
<td><strong>O</strong></td>
<td>Nasal Obstruction</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Nasal purulence or discoloured postnasal Discharge</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Hyposmia or anosmia (Smell)</td>
</tr>
</tbody>
</table>
**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.

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**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.

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**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](http://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.

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**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 bacterial infections, like strep throat, whooping cough or sinus infections. But they don’t fight viruses. Don’t ask your prescriber to prescribe any antibiotics if you don’t have a bacterial infection.

2. **What are the risks?**
   - Antibiotics can reduce the good bacteria in your body, and they can lead to antibiotic-resistant infections and undermine the good that antibiotics can do for others.

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**PATIENT PAMPHLETS**

**Code, Flu, and Other Respiratory Illnesses: Don’t Rush to Antibiotics**

**Treating Sinus Infections: Don’t rush to antibiotics**

A common mistake is that a combination of antibiotics that treat both viruses and bacteria is best for colds. But antibiotics only work against bacteria. For colds, you should use cough and cold medicines. You can take cold medication that make you feel better, even though they won’t cure your cold.