Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Antibiotic resistance can be reduced through proper prescribing practices

Sneezing, scratchy throat and runny nose are symptoms of the common cold or upper respiratory infection (URI). Typical URIs are usually viral, and consequently, do not benefit from antibiotics.

As a key quality measure, Meridian Health Plan monitors the percentage of children (3 months - 18 years) who were diagnosed as having a URI who were NOT prescribed an antibiotic. A higher percentage of this measure represents more appropriate management.

Coding Tips:

If your diagnosis is URI or Nasopharyngitis, then these are viral entities and antibiotics should generally NOT be prescribed.

<table>
<thead>
<tr>
<th>Coding of URI</th>
<th>Diagnosis Codes</th>
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</thead>
<tbody>
<tr>
<td>Nasopharyngitis</td>
<td>460</td>
</tr>
<tr>
<td>URI</td>
<td>465</td>
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</tbody>
</table>

These do NOT warrant antibiotics.

Instead, please prescribe over the counter medicines that can help relieve cold symptoms.

If your diagnosis is a bacterial infection of the upper respiratory tract [e.g., Sinusitis (acute or chronic), Strep tonsillitis (with confirmatory Strep test), etc.], then antibiotics are appropriate.

<table>
<thead>
<tr>
<th>Diagnoses Indicative of a Bacterial Infection of the Upper Respiratory Tract</th>
<th>Diagnosis Codes</th>
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</thead>
<tbody>
<tr>
<td>Bacterial infection unspecified</td>
<td>041.9</td>
</tr>
<tr>
<td>Acute sinusitis</td>
<td>461</td>
</tr>
<tr>
<td>Acute pharyngitis (confirmed with strep test)</td>
<td>034.0, 462</td>
</tr>
<tr>
<td>Chronic sinusitis</td>
<td>473</td>
</tr>
</tbody>
</table>

These MAY warrant antibiotics.

When parents ask for antibiotics to treat viral infections:

› Explain that unnecessary antibiotics can be harmful
  Tell parents that based on the latest evidence, unnecessary antibiotics CAN be harmful by promoting resistant organisms in their child and the community.

› Share the facts
  Explain that bacterial infections can be cured by antibiotics, but viral infections cannot.

› Build cooperation and trust
  Convey a sense of partnership and do not dismiss the illness as “only a viral infection.”

› Encourage active management of the illness
  Plan the treatment of symptoms with parents. Describe the expected normal time course of the illness and tell parents to come back if symptoms persist or worsen.

› Be confident with the recommendation to use alternative treatment
  Provide analgesics, if appropriate. Emphasize the importance of adequate nutrition and hydration and consider providing “care packages” with non-antibiotic therapies.

Create an office environment to promote the reduction in antibiotic use!

› Start the educational process in the waiting room
  Videotapes, posters, and other materials are available at: www.cdc.gov/getsantric-use/

› Involve office personnel in the education process

› Use the CDC/AAP pamphlets and principles to support your treatment decisions

Remember to visit Meridian’s online Provider Portal to enter relevant HEDIS® information:

www.mhplan.com/mi/mcs

Medical records may be faxed to:

313.202.0006

If you have any questions, please call Meridian’s Quality Improvement department at:

313.324.3700
Stemming the tide of antibiotic resistance: Recommendations by the CDC/AAP to promote appropriate antibiotic use in children.

**Pediatric Appropriate Treatment Summary**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>CDC/AAP Principles of Appropriate Use</th>
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</table>
| **Otitis Media**| 1. Classify episodes of otitis media (OM) as acute otitis media (AOM) with effusion (OME). Only treat *certain children* with proven AOM.  
2. A certain diagnosis of AOM meets 3 criteria:  
  - History of acute onset of signs and symptoms  
  - Presence of middle-ear effusion  
  - Signs or symptoms of middle-ear inflammation  
  *Severe illness* is a moderate to severe otalgia or fever ≥ 39°C.  
  *Non-Severe illness* is mild otalgia and fever < 39°C in the past 24 hours.  
3. Children with AOM should be treated as follows: |
| Age             | Certain Diagnosis | Uncertain Diagnosis |
| < 6 months      | Antibacterial therapy | Antibacterial therapy |
| 6 months to 2 years | Antibacterial therapy | Antibacterial therapy if severe illness; observation option* if nonsevere illness |
| ≥ 2 years       | Antibacterial therapy if severe illness; observation option* if nonsevere illness | Observation option* |

*If decision is made to treat with an antibacterial agent, then the clinician should prescribe amoxicillin for most children.

4. Do not prescribe antibiotics for initial treatment of OME:  
   - Treatment may be indicated if bilateral effusions persist for 3 months or more.

<table>
<thead>
<tr>
<th>Rhinitis and Sinusitis</th>
<th>Rhinitis</th>
<th>Sinusitis</th>
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</thead>
</table>
| 1. Antibiotics should not be given for viral rhinosinusitis  
2. Mucopurulent rhinitis (thick, opaque, or discolored nasal discharge) frequently accompanies viral rhinosinusitis. It is not an indication for antibiotic treatment unless it persists without improvement for more than 10-14 days |
| 1. Diagnose as sinusitis only in the presence of:  
  - Prolonged nonspecific upper respiratory signs and symptoms (e.g. rhinorrhea and cough without improvement for > 10-14 days) or  
  - More severe upper respiratory tract signs and symptoms (e.g. fever >39°C, facial swelling, facial pain)  
2. Initial antibiotic treatment of acute sinusitis should be with the most narrow-spectrum agent which is active against the likely pathogens |

| Pharyngitis | 1. Diagnose as Group A streptococcal pharyngitis using a laboratory test in conjunction with clinical and epidemiological findings  
2. Antibiotics should not be given to a child with pharyngitis in the absence of diagnosed Group A streptococcal infection  
3. A penicillin remains the drug of choice for treating Group A streptococcal pharyngitis |

| Cough Illness and Bronchitis | 1. Cough illness and bronchitis in children rarely warrants antibiotic treatment  
2. Antibiotic treatment for prolonged cough (> 10 days) may occasionally be warranted:  
  - Pertussis should be treated according to established recommendations  
  - *Mycoplasma pneumoniae* infection may cause pneumonia and prolonged cough (usually in children >5 years); a macrolide agent (or tetracycline in children ≥ 8 years) may be used for treatment  
  - Children with underlying chronic pulmonary disease (not including asthma) may occasionally benefit from antibiotic therapy for acute exacerbations |

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