# 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.

# **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** 

### **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:
- A fever is present ( $\geq$  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**:

Modified/McIsaac OR
Centor score ≤ 1

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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° 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
- There are at least 2 of the **PODS** symptoms **AND**
- (3.) One of the symptoms is O or D AND
- The symptoms are severe **OR** they are still present after a 3 day trial of nasal corticosteroids

PODS	
Р	Facial <b>P</b> ain, pressure, or fullness
0	Nasal <b>O</b> bstruction
D	Nasal purulence or discoloured postnasal <b>D</b> ischarge
S	Hyposmia or anosmia (Smell)

### **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 superimposed 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





# POSTERS FOR WAITING ROOMS





### PATIENT PAMPHLETS



