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 The patient is moderately present (≥ 39°C) or severely ill
 - 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

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:

- Symptoms have been present for at least 7 days AND
- There are at least 2 of the **PODS** symptoms **AND**
- 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 P ain, pressure, or fullness
0	Nasal O bstruction
D	Nasal purulence or discoloured postnasal D 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







