

Title	ACUTE RESPIRATORY TRACT INFECTION			Number	CL29
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Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

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22.11.23	Reviewed, added Nice 237 and website in Other Ref	LR

Introduction

Respiratory infections are very common especially in the OOH situation. Good communication in addressing the concerns of patients, parents and carers is essential to ensure their understanding of management. Most respiratory tract infections are self limiting and require only general analgesic / antipyretic support. The clinician, whilst following this guide, should use the exact clinical circumstances to inform management decisions and should document the rationale for antibiotic use outside accepted guidelines.

If antibiotics are indicated, beta haemolytic streptococcus as a cause of sore throat is usually sensitive to phenoxymethylpenicillin. In children with GI symptoms amoxicillin should be considered. Clinicians should consider amoxicillin first line for sinusitis and otitis media. Flucloxacillin (or ciprofloxacin if pseudomonas suspected) is preferable for otitis externa. Clarithromycin (or doxycycline in adults) is a suitable substitute for patients allergic to penicillin.

Covid 19 - patients should be advised self-care at home, over the counter analgesia/NSAID/cough medicine/throat lozenges (depending on their symptoms), plenty of fluids and rest.

