

RECOMMENDED EMPIRIC THERAPY OF RESPIRATORY TRACT INFECTIONS IN ADULT PATIENTS*

Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy
Pharyngitis	Sinusitis	Bronchitis	Community acquired pneumonia - Outpatient	Community acquired pneumonia - Hospitalized
Acute	Acute – symptoms < 4 weeks or Acute recurrent	Acute	No comorbidities**	Moderate
Penicillin VK β-lactam allergy Erythromycin or Clindamycin	Amoxicillin β-lactam allergy Doxycycline or TMP/SMX	Viral No antibiotics recommended Acute bacterial exacerbation of chronic bronchitis • ↑ sputum production • ↑ sputum purulence • ↑ dyspnea At least 2 of above criteria	Doxycycline or Azithromycin or Clarithromycin or Erythromycin Antibiotic therapy in past 3 months Add Amoxicillin 1g PO tid to above regimen	[Cefuroxime or Cefotaxime or Ceftriaxone] + [Doxycycline or Macrolide ¹] Alternative Levofloxacin ² or Moxifloxacin ²
Recurrent / relapse / not responding to therapy	Failure of first line agents • persistent (after 72 hrs)	First Line Amoxicillin or Doxycycline or TMP/SMX	With comorbidities**	Severe/ICU
Clindamycin [#] or Amoxicillin-clavulanate or Erythromycin [#] # if not used first line	Amoxicillin-clavulanate or Cefuroxime axetil β-lactam allergy	Failure of first line agents or Antibiotics in last 3 months and/or	Doxycycline or Azithromycin or Clarithromycin Antibiotic therapy in past 3 months Add Amoxicillin 1g PO tid or Amoxicillin-clavulanate to above regimen	[Cefotaxime or Ceftriaxone] + [Macrolide ² or Resp. Quinolone ³] Cephalosporin Allergy Resp. Quinolone ³ + [Clindamycin or Macrolide ² or Vancomycin]
Asymptomatic carrier	Azithromycin or Levofloxacin or Moxifloxacin	Second Line Cefuroxime axetil or Amoxicillin-clavulanate or Levofloxacin or Moxifloxacin Alternatives (suboptimal Haemophilus coverage) Azithromycin or Clarithromycin	Failure of first line agents [Amoxicillin-clavulanate or Cefuroxime axetil] + Macrolide ² Alternative Levofloxacin or Moxifloxacin	
No therapy required except as noted on reverse		≥ 4 episodes in past year		
Laryngitis	Chronic – symptoms ≥ 3 mos.	Whooping Cough		
Viral No antibiotics recommended	A single prolonged (3 wks) course of antibiotics may be of value. Repeated courses of antibiotics NOT recommended.	Azithromycin or Clarithromycin or Erythromycin Alternative TMP/SMX		
Otitis Media				
Acute	Amoxicillin-clavulanate β-lactam allergy Clindamycin			
Amoxicillin β-lactam allergy TMP/SMX				
Failure of first line agents	Rhinitis			
Amoxicillin-clavulanate or Cefuroxime axetil β-lactam allergy Azithromycin or Clarithromycin	Viral No antibiotics recommended Handwashing is important to prevent spread.			

* Refer to latest edition of Bugs & Drugs for more details.

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** Comorbidities: asthma, smoking, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss > 5%, hospitalization in past 3 months, HIV.

RECOMMENDED EMPIRIC THERAPY OF RESPIRATORY TRACT INFECTIONS IN PAEDIATRIC PATIENTS*

Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy	Infection/Recommended Empiric Therapy
Pharyngitis	Acute Otitis Media (AOM)	Sinusitis	Community acquired pneumonia - Outpatient	Community acquired pneumonia - Hospitalized
Acute	Healthy Child	Acute – symptoms < 4 weeks	Viral	1 to 3 months - pneumonitis syndrome
Penicillin VK β-lactam allergy Erythromycin or Clindamycin	Minimally symptomatic, ≥ 2 y Acetaminophen Unresponsive to antipyretics, ≥ 2 y Amoxicillin ¹ x 5 days Established AOM, < 2 y Amoxicillin ¹ x 10 days Penicillin allergy	Amoxicillin ¹ β-lactam allergy TMP/SMX ²	No antibiotics recommended > 3 months to 5 years Amoxicillin ¹ β-lactam allergy Azithromycin ² or Clarithromycin ² or Erythromycin ²	Azithromycin or Clarithromycin or Erythromycin Critically ill Erythromycin IV or Erythromycin IV
Recurrent / relapse / not responding to therapy	Non-responders*: • persistent (after 48-72 hrs)	Failure of first line agents: • persistent (after 72 hrs) • recurrent (< 12 weeks apart)	> 5 to 16 years Azithromycin ² or Clarithromycin ² or Erythromycin ² ≥ 8 years old Doxycycline	1 to 3 months - bacterial pneumonia Cefuroxime ³ +/- Erythromycin Critically ill [Cefotaxime + Cloxacillin]
Clindamycin [#] or Amoxicillin-clavulanate or Erythromycin [#] # if not used first line	[Amoxicillin-clavulanate +/- Amoxicillin] or Cefuroxime axetil or Cefprozil β-lactam allergy Azithromycin ² or Clarithromycin ²	[Amoxicillin-clavulanate +/- Amoxicillin] or Cefuroxime axetil or Cefprozil β-lactam allergy Azithromycin ² or Clarithromycin ²	Failure of therapy > 3 months to 16 years* [Cefuroxime axetil or Amoxicillin-clavulanate] +/- Erythromycin [*]	> 3 months to 5 years Cefotaxime +/- Erythromycin
Asymptomatic carrier	Recurrent (< 6 weeks)**: [Amoxicillin-clavulanate 7:1 + Amoxicillin] Cefuroxime axetil β-lactam allergy Azithromycin ² or Clarithromycin ²	Chronic - symptoms > 3 months A single prolonged (3 wks) course of antibiotics may be of value. Repeat courses of antibiotics NOT recommended.	Whooping Cough Azithromycin or Clarithromycin or Erythromycin estolate Alternative TMP/SMX	> 5 to 16 years [Cefuroxime ³ or Cefotaxime] + [Erythromycin or Azithromycin] Critically ill > 3 mos to 16 yrs* [Cefotaxime + Cloxacillin] +/- Erythromycin [*]
No therapy required except: • if family history of rheumatic fever or glomerulonephritis • outbreak of rheumatic fever • outbreak of pharyngitis in a closed community • repeat transmission within families • multiple (≥ 3/yr) culture confirmed symptomatic episodes of pharyngitis		Amoxicillin-clavulanate or Clindamycin		
Croup		Bronchitis		
Viral No antibiotics recommended	Prophylaxis for recurrent episodes NOT RECOMMENDED	Viral No antibiotics recommended		
Nebulized/systemic corticosteroids have been proven to lessen severity and duration of symptoms, and hospitalization.	Otitis Media with Effusion (OME) No antibiotics recommended	Bronchiolitis Viral No antibiotics recommended		
		Rhinitis Viral No antibiotics recommended		

* Refer to latest edition of Bugs & Drugs for more details.

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** Recurrent otitis media ≥ 6 weeks between episodes – see Otitis Media Healthy Child; use high dose amoxicillin¹ and 10 day treatment duration.

- 1 High dose (90 mg/kg/day divided TID) amoxicillin if patient attends daycare AND/OR has taken antibiotics in past 3 months.
- 2 Significant resistance in S. pneumoniae.
- 3 Cefuroxime: maximum paediatric dose = 1.5 g/dose