

Upper Respiratory Tract Infections

Illness	Comments	Drug	Dose	Duration of Tx
<i>Note: doses are oral and for adults unless otherwise stated. Please refer to BNF for further information.</i>				
Influenzae	<p>Annual vaccination is essential for all those at high risk of influenza. For otherwise healthy adults the use of antivirals is not recommended. Treat symptomatic at risk patients only when influenza is circulating in the community. Prescribers will be advised when this is appropriate via letter from NHS England.</p> <p>See current guidance on the management of influenza via the Public Health England website: https://www.gov.uk/government/organisations/public-health-england.</p>			

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Pharyngitis/sore throat/ Tonsillitis	Avoid antibiotics as 90% resolve in 7 days without, and pain only reduced by 16 hours	First line: No antibiotics.		
	Antibiotics are recommended if one or more of the following: history of rheumatic fever, scarlet fever, pronounced systemic infection, immunosuppression Check Centor score and consider if Centor Score 3 or 4 (Lymphadenopathy; no cough; fever; tonsillar exudate).	Second line: Phenoxymethylpenicillin OR, if allergic to penicillin: Clarithromycin	Adult: 500mg QDS Adult: 250-500mg BD	10 days 5 days
Otitis Media <i>(Refer to the BNF for Children, (BNFC), for child doses)</i>	Many are viral. Consider immediate antibiotics or offer a delayed prescription for pain relief if:	First line: No antibiotics – “wait and see” recommended for 72 hours. Offer a delayed prescription.		
	<ul style="list-style-type: none"> <2 years AND bilateral AOM or bulging membrane & ≥ 4 marked symptoms All ages with otorrhoea Consider antibiotics in those at risk of poor outcome e.g. under 2 years of age, bilateral acute otitis media, vomiting and high fever.	Second line: Amoxicillin If allergic to penicillin: Clarithromycin	See BNFC	5 days

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Acute Otitis Externa	<p>First use aural toilet (if available) & analgesia.</p> <p>Cure rates similar at 7 days for topical acetic acid or antibiotic +/- steroid.</p> <p>If cellulitis or disease extending outside ear canal, start oral antibiotics and refer to ENT.</p>	<p>First line: Acetic acid 2%</p> <p>Second line: Gentamicin/Neomycin and steroid drops (several preparations available).</p>	<p>1 spray TDS (EarCalm®)</p> <p>According to manufacturer's instructions.</p>	<p>7 days</p> <p>7 days min to 14 days max</p>
Acute Sinusitis	<p>Many are viral. Symptomatic benefit of antibiotics is small.</p> <p>Reserve for severe profuse purulent nasal discharge, facial pain, systemic symptoms or persistent (>10 days) symptoms.</p>	<p>First line: No antibiotic</p> <p>Second line: Amoxicillin or Doxycycline</p> <p>Discuss with microbiologist if persistent symptoms</p>	<p>500mg TDS</p> <p>200mg stat/100mg OD</p>	<p>7 days</p>

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