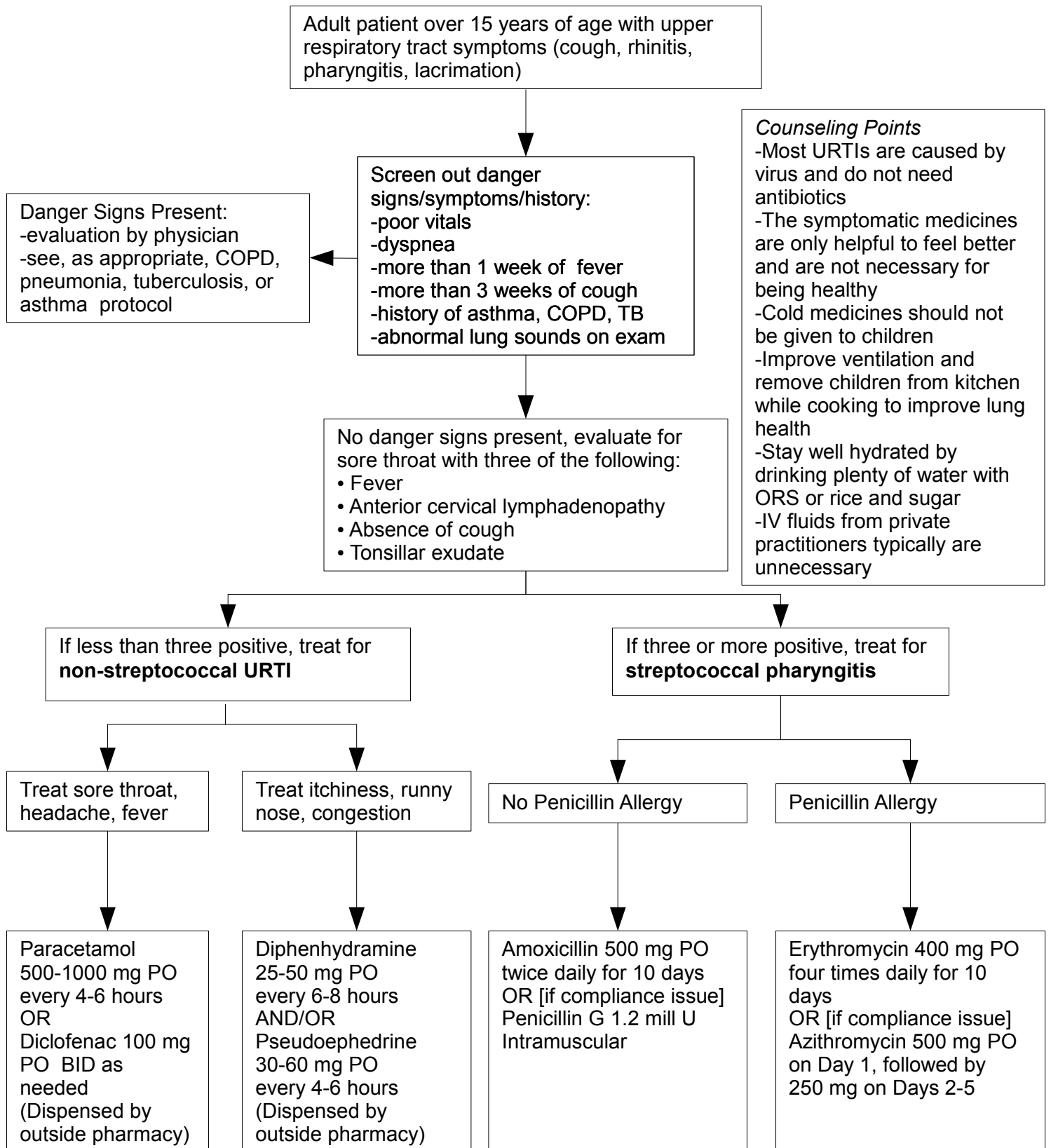


Protocol for Patients Presenting with Upper Respiratory Tract Symptoms



Sources: "Management of Group A Beta-Hemolytic Streptococcus Pharyngitis. PMID: 11327431
References found at "Guidelines for Antibiotic Use in Acute Respiratory Infections", Journal Watch.
<http://general-medicine.jwatch.org/cgi/content/full/2001/327/1>

Notes (typically do not need to be printed out at the clinic; just for reference and documentation)

We have not included bacterial sinusitis in this protocol. The reason for this is that typically less than 1% of all sinusitis cases are complicated by bacterial superinfection. Even in those bacterial cases, there is limited evidence as to the utility of antibiotics. There is some evidence that symptomatic improvement can be seen among those patients with persistent, severe symptoms for at least 7 days, persistent purulent nasal discharge, unilateral sinus tenderness, maxillary tooth or facial pain. Even such patients typically do well with symptomatic treatment as well and complications are quite rare. For simplicity, we have thus chosen not to include bacterial sinusitis in the protocol.

This protocol can easily be adapted to be better detect strep pharyngitis once rapid testing is available.