EVIDENCE-BASED MANAGEMENT OF ACUTE RESPIRATORY TRACT INFECTIONS

Assess clinical probability of pneumonia

Among elderly patients: Also consider pneumonia when altered mental status (clouded thinking), increased falls, loss of appetite or new urinary incontinence is present.

LOW (< 5%)
No abnormal vital signs and normal chest exam
- No CXR
- No ABx

INTERMEDIATE (5% - 30%)
One or more abnormal vital signs OR abnormal chest exam
- Consider CXR*
- ABx based on CXR results

HIGH (> 30%)
One or more abnormal vital sign(s) AND abnormal chest exam
- Perform CXR
- Consider empiric ABx**

* CXR should be ordered on all patients with focal lung findings on physical examination.
** Abnormal vital signs are common with uncomplicated influenza infection when influenza is circulating in the community.

In the absence of pneumonia, consider the following diagnoses in adults with acute cough illness

URI or Rhinosinusitis
Dx criteria
- cough plus nasal, throat and/or ear Sx
- no dominant Sx

Acute bronchitis
Dx criteria
- cough dominant
- +/- phlegm
- rhonchi/mild wheezing common

Influenza
Dx criteria
- if cough + fever + myalgias/fatigue present, prevalence ≥ 60%

Acute bacterial sinusitis
Dx criteria
- illness > 7 days
- purulent nasal discharge
- facial, head or teeth pain

The above algorithm is derived from clinical practice guidelines endorsed by the AAFP, ACP-ASIM, CDC and IDSA.

This algorithm is designed to assist the clinician in the management of acute cough illness. The recommendations herein are not intended to replace a clinician’s judgement or to establish a protocol for all patients with a particular condition.