**ACUTE RHINOSINUSITIS**

**Diagnosis**
- Diagnose acute bacterial rhinosinusitis based on symptoms that are:
  - Severe (>3-4 days): Fever ≥39°C (102°F) and purulent nasal discharge or facial pain
  - Persistent (>10 days) without improvement: Nasal discharge or daytime cough
  - Worsening (3-4 days): Worsening or new-onset fever, daytime cough, or nasal discharge after initial improvement of a viral upper respiratory infection (URI) lasting 5-6 days.
  - Sinus radiographs are not routinely recommended.

**Management**
- If a bacterial infection is established:
  - Watchful waiting is encouraged for uncomplicated cases for which reliable follow-up is available.
  - Amoxicillin or amoxicillin/clavulanate is the recommended first-line therapy.
  - Macrolides such as azithromycin are not recommended due to high levels of Streptococcus pneumoniae antibiotic resistance (~40%).
  - For penicillin-allergic patients, doxycycline or a respiratory fluoroquinolone (levofloxacin or moxifloxacin) are recommended as alternative agents.

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**ACUTE UNCOMPLICATED BRONCHITIS**

**Diagnosis**
- Evaluation should focus on ruling out pneumonia
- Rare among otherwise healthy adults in the absence of abnormal vital signs (heart rate ≥100 beats/min, respiratory rate ≥24 breaths/min, or oral temperature ≥38°C) and abnormal lung examination findings (focal consolidation, egophony, fremitus).
- Colored sputum does not indicate bacterial infection.
- For most cases, chest radiography is not indicated.

**Management**
- Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended, regardless of cough duration.
- Options for symptomatic therapy include:
  - Cough suppressants (codeine, dextromethorphan)
  - First-generation antihistamines (diphenhydramine)
  - Decongestants (phenylephrine)
  - Evidence supporting specific symptomatic therapies is limited.

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**COMMON COLD OR NON-SPECIFIC UPPER RESPIRATORY TRACT INFECTION (URI)**

**Diagnosis**
- Prominent cold symptoms include:
  - Fever
  - Cough
  - Rhinorrhea
  - Nasal congestion
  - Postnasal drip
  - Sore throat
  - Headache
  - Myalgias

**Management**
- Decongestants (pseudoephedrine and phenylephrine) with a first-generation antihistamine may provide short-term symptom relief of nasal symptoms and cough.
- NSAIDS can be given to relieve symptoms.
- Evidence is lacking to support antihistamines (as monotherapy), opioids, intranasal corticosteroids, and nasal saline irrigation as effective treatments for cold symptom relief.
- Providers and patients must weigh the benefits and harms of symptomatic therapy.

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**PHARYNGITIS**

**Diagnosis**
- Clinical features alone do not distinguish between Group A streptococcus (GAS) and viral pharyngitis.
- A rapid antigen detection test (RADT) is necessary to establish a GAS pharyngitis diagnosis.
- Those who meet two or more Centor criteria (e.g., fever, tonsillar exudates, tender cervical lymphadenopathy, absence of cough) should receive a RADT.
- Throat cultures are not routinely recommended for adults.

**Management**
- Antibiotic treatment is not recommended for patients with negative RADT results.
- Amoxicillin and penicillin V remain first-line therapy due to their reliable antibiotic activity against GAS.
- For penicillin-allergic patients, cephalaxin, cefadroxil, clindamycin, or macrolides are recommended.
- GAS antibiotic resistance to azithromycin and clindamycin are increasingly common.
- Recommended treatment course for all oral beta lactams is 10 days.

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**ACUTE UNCOMPLICATED CYSTITIS**

**Diagnosis**
- Classic symptoms include dysuria, frequent voiding of small volumes, and urinary urgency. Hematuria and suprapubic discomfort are less common.
- Nitrites and leukocyte esterase are the most accurate indicators of acute uncomplicated cystitis.

**Management**
- For acute uncomplicated cystitis in healthy adult non-pregnant, premenopausal women:
  - Nitrofurantoin, trimethoprim/sulfamethoxazole (TMP-SMX, where local resistance is <20%), and fosfomycin are appropriate first-line agents.
  - Fluoroquinolones (e.g. ciprofloxacin) should be reserved for situations in which other agents are not appropriate.

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