

# CAREFUL ANTIBIOTIC USE

Cough illness in the well-appearing child: Antibiotics are NOT the answer.

## COUGH ILLNESS/BRONCHITIS<sup>1</sup>

Cough illness/bronchitis is principally caused by viral pathogens.<sup>2</sup> Airway inflammation and sputum production are non-specific responses and do not imply a bacterial etiology.

Authors of a meta-analysis of six randomized trials (in adults) concluded that antibiotics were ineffective in treating cough illness/bronchitis.<sup>3</sup>

Antibiotic treatment of upper respiratory infections do not prevent bacterial complications such as pneumonia.<sup>4</sup>

### ■ Do not use antibiotics for:

Cough <10-14 days in well-appearing child without physical signs of pneumonia.

### ■ Consider antibiotics only for:

Suspected pneumonia, based on fever with focal exam, infiltrate on chest x-ray, tachypnea, or toxic appearance.

Prolonged cough (>10-14 days without improvement) may suggest specific illnesses (e.g. sinusitis) that warrant antibiotic treatment.<sup>5</sup>

Treatment with a macrolide (erythromycin) may be warranted in the child older than 5 years when mycoplasma or pertussis is suspected.<sup>6</sup>

### ■ When parents demand antibiotics...

Acknowledge the child's symptoms and discomfort.

Promote active management with non-pharmacologic treatments.

Give realistic time course for resolution.

Share the CDC/AAP principles and pamphlets with parents to help them understand when the risks of antibiotic treatment outweigh the benefits.

### References

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4. Gadomski AM. Potential interventions for preventing pneumonia among young children: lack of effect of antibiotic treatment for upper respiratory infections. *Pediatr Infect Dis J* 1993;12:115-120.
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