






# Upper Respiratory Tract Infection (URTI) and Sore Throat

Upper respiratory tract infection (URTI) is the most common problem managed by GP registrars. Antibiotic resistance is a major public health threat and current evidence-based guidelines do not recommend the use of antibiotics for simple URTIs and sore throat. However, Australian GPs issued over 2 million antibiotic prescriptions for URTI in 2011 (with antibiotics being prescribed in 32% of URTI presentations). Supervisors can play a key role in reducing unnecessary antibiotic prescription by appropriate supervision and role modelling.

<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Syndromic approach to URTI and sore throat</li> <li>• Differential diagnosis of coryza/cough and sore throat, and indications for investigation e.g. influenza, EBV</li> <li>• Evidence-based treatment for URTI and sore throat</li> <li>• Role of <a href="#">delayed prescriptions</a> for URTI and sore throat</li> </ul>				
<b>PRE-SESSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• <a href="#">Acute sinusitis and sore throat in primary care</a> – excellent Australian Prescriber article</li> </ul>				
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• Differentiation of a viral from a bacterial URTI/sore throat is very unreliable and a 'syndromic' approach should be used</li> <li>• A shared-decision making approach is critical in negotiating treatment of URTI and sore throat when the patient expects antibiotics</li> <li>• URTIs can last for weeks!</li> <li>• Green sputum does not predict bacterial infection</li> <li>• Avoid prescribing antibiotics for URTI – see <a href="#">Choosing Wisely</a></li> <li>• Exception: high risk groups that do need antibiotics: Indigenous 2-25yrs, those with RHD, ARF.</li> </ul>				
<b>RESOURCES</b> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1570 432 1783"><b>Read</b></td> <td data-bbox="432 1570 1498 1783"> <ul style="list-style-type: none"> <li>• Canadian Family Physician – <a href="#">Common Cold</a></li> <li>• Canadian Family Physician – <a href="#">Acute Sore Throat</a></li> <li>• <a href="#">Antibiotic prescribing for respiratory infections</a> – data from the ReCEnT study</li> <li>• <a href="#">NPS Resources</a> – Antibiotics for respiratory tract infections</li> <li>• <a href="#">CARPA Manual</a> used in the NT</li> </ul> </td> </tr> <tr> <td data-bbox="336 1783 432 1845"><b>Listen</b></td> <td data-bbox="432 1783 1498 1845"> <ul style="list-style-type: none"> <li>• Radio National Podcast – <a href="#">The Common Cold</a></li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• Canadian Family Physician – <a href="#">Common Cold</a></li> <li>• Canadian Family Physician – <a href="#">Acute Sore Throat</a></li> <li>• <a href="#">Antibiotic prescribing for respiratory infections</a> – data from the ReCEnT study</li> <li>• <a href="#">NPS Resources</a> – Antibiotics for respiratory tract infections</li> <li>• <a href="#">CARPA Manual</a> used in the NT</li> </ul>	<b>Listen</b>	<ul style="list-style-type: none"> <li>• Radio National Podcast – <a href="#">The Common Cold</a></li> </ul>
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<b>FOLLOW UP/EXTENSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Undertake the OSCE case under exam conditions and discuss afterwards</li> <li>• Registrar to audit 10 patients presenting with an URTI for adherence to best practice guidelines</li> </ul>				

# Upper Respiratory Tract Infection (URTI) and Sore Throat

## Clinical Reasoning Challenge

### INSTRUCTIONS FOR SUPERVISOR

You are Mick, a 38 yr old plumber, who has come to see the registrar with a 'bad cold'  
You are a long term patient of the practice and met the registrar once before for an ankle injury

#### Story

- You developed a runny nose and sore throat about 9 days ago
- Initially you had fevers but they have settled now
- You are coughing lots, productive of green sputum
- You have a headache and feel tired
- You have no past asthma or respiratory disease
- You have no other significant medical problems and take no medication
- You don't smoke
- You drink about 4-5 beers every night
- You are married with 2 children - "the kids are often bringing colds home from school"
- You are going on holidays to Bali in three days and "want something to get better before then"
- You really want antibiotics as "they always work" and "don't want to be sick while away"
- You initially are quite pushy about needing antibiotics but if the registrar explains things well then you accept the plan for symptomatic management only

#### Physical Examination

- Looks well, occasional cough
- BP 135/78, T 36.9, HR 80, RR 16, sats 99%RA
- CVS – normal
- Resp – normal
- ENT – slightly red throat, no LN
- All other systems normal
- Office tests all normal

#### Assess

- Communication skills – patient-centredness, dealing with assertive patient

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- Assessment – symptoms, past history

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- Explanation – likely viral illness, antibiotics play no role and can be harmful

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- Management – antibiotics not indicated, symptomatic treatment

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- Follow-up and safety netting

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# Upper Respiratory Tract Infection (URTI) and Sore Throat

## OSCE Case

### INSTRUCTIONS TO CANDIDATE

Mick is a 38 yr old plumber, who you met once before about 12 months ago with a sprained ankle. He is a long term patient of the practice. His health summary follows.

**You have eight (8) minutes to:**

- Take a focused history
- Ask for results of the physical examination
- Outline your diagnostic impressions and discuss your management.

**Health summary**

- PMHx: Nil
- Medications: Nil
- Social History: Married, 2 children
- Alcohol: 3-4 beers/night
- Non-smoker

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