






Upper Respiratory Tract Infection (URTI)

Upper respiratory tract infections (URTIs) can be defined as self-limited inflammation of the upper airways with associated cough, with no proof of pneumonia and no history of COPD. They include a variety of illnesses including the common cold and tonsillopharyngitis. At a rate of 5.5 per 100 encounters, URTI is the most common problem managed in Australian general practice. Antibiotic resistance is a major public health threat and evidence-based guidelines do not recommend the use of antibiotics for URTIs. However, Australian GPs issued over 2 million antibiotic prescriptions for URTI in 2011 (with antibiotics being prescribed in 32% of URTI presentations). Supervisors can help reduce unnecessary antibiotic prescription in managing URTIs by appropriate teaching, feedback and role modelling. Also review the teaching plans on 'Sore throat' and 'Acute bronchitis'.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Definition and clinical features of URTI syndromes • Differential diagnosis of URTIs • Indications for investigation • Evidence based management of URTI • Approach to shared decision making, including delayed prescriptions
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> • 2019 American Family Physician article – NCBI Stat Pearls Upper Respiratory Tract Infection
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • The vast majority of URTIs have a viral aetiology • URTIs can last for weeks! • Green sputum does not predict bacterial infection • Avoid prescribing antibiotics for URTI – see Choosing Wisely Australia • A shared-decision making approach is critical in negotiating treatment of URTI and sore throat when the patient expects antibiotics
RESOURCES 	<p>Read</p> <ul style="list-style-type: none"> • 2015 Family Practice article – Antibiotic prescribing for respiratory infections • 2016 BMJ Open article Why do general practitioners prescribe antibiotics for upper respiratory tract infections to meet patient expectations: a mixed methods study
FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Undertake the role play under exam conditions and discuss afterwards • Registrar to audit 10 patients presenting with an URTI for adherence to best practice guidelines

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Role Play

INSTRUCTIONS FOR SUPERVISOR

You are Mick, a 38-year-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

- Assessment – symptoms, past history

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

- Management – antibiotics not indicated, symptomatic treatment

- Follow-up and safety netting
