

# 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'.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• Definition and clinical features of URTI syndromes</li> <li>• Differential diagnosis of URTIs</li> <li>• Indications for investigation</li> <li>• Evidence based management of URTI</li> <li>• Approach to shared decision making, including <a href="#">delayed prescriptions</a></li> </ul>
<p><b>PRE-SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• 2019 American Family Physician article – <a href="#">NCBI Stat Pearls Upper Respiratory Tract Infection</a></li> </ul>
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• The vast majority of URTIs have a viral aetiology</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 Australia</a></li> <li>• A shared-decision making approach is critical in negotiating treatment of URTI and sore throat when the patient expects antibiotics</li> </ul>
<p><b>RESOURCES</b></p> 	<p><b>Read</b></p> <ul style="list-style-type: none"> <li>• 2015 Family Practice article – <a href="#">Antibiotic prescribing for respiratory infections</a></li> <li>• 2016 BMJ Open article <a href="#">Why do general practitioners prescribe antibiotics for upper respiratory tract infections to meet patient expectations: a mixed methods study</a></li> </ul>
<p><b>FOLLOW UP/ EXTENSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Undertake the role play 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>



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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

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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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