

Antimicrobial Days for Common Conditions

UCDAVIS
HEALTH

Adults

For references visit:
<https://health.ucdavis.edu/antimicrobial-stewardship/education>

Ear, Nose, Throat



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Non-Streptococcal Pharyngitis

- No clear benefit of abxs for non-GAS cases¹
- Ibuprofen > Acetaminophen > Placebo ≈ Abxs^{1,2}
- Abx use is a/w increased return visits for other URIs³



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Acute Bacterial Rhinosinusitis (ABRS)

- Indications: for sx lasting 10+ days, acute worsening after initial improvement, or severe for >3 days^{1,2}
- 10+ day courses are a/w more side effects & no benefit³



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Streptococcal Pharyngitis (Strep Throat)

- Treatment reduces carriers & long term sequelae risk^{1,2}
- Treatment within 9 days of sx onset still prevents rheumatic fever³

Pulmonary



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Bronchitis

- Treatment in elderly adults does not reduce 2° PNA¹
- Treatment in all adults is a/w greater side effects¹



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Community Acquired Pneumonia (CAP)

- 5 day course is not a/w any negative outcome¹
- 5 day course possibly a/w less readmissions & mortality^{1,2}
- Consider 7-10 days if still febrile / unstable >72 hrs³



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Aspiration Pneumonia / -itis

- Treatment durations similar to CAP/HAP/VAP
- Consider 7-10 days if still febrile / unstable >72 hrs
- Consider stopping abxs if markedly improved at 48 hrs¹



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Hospital / Vent Associated Pneumonia (HAP/VAP)

- 7 day course is not a/w any negative outcome
- 7 day course possibly a/w less subsequent MDR infxns