Antimicrobial Days for Common Conditions

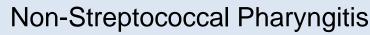


For references visit: https://health.ucdavis.edu/antimicrobialstewardship/education

Ear, Nose, Throat







- 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





Acute Bacterial Rhinosinusitis (ABRS)

- Indications: for sxs 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





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





Bronchitis

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





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





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





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