

Condition: URI, Bronchitis
Population: Adult and Peds (>1 year), M/F

HPI

Onset/Duration: xx days/weeks

Severity: Mild/moderate/severe

Associated Symptoms:

- Fever: subjective/objective
- SOB: none/exertional/rest/orthopnea/wheezing
- Ear: pain, congested/muffled, L/R
- Throat: hoarseness, sore throat
- Nose: rhinorrhea, congestion
- Eye: Injection, drainage, L/R
- Neuro: change in activity/alertness

PMFS: Review

Note: COPD, CHF, Asthma.

Social: Smoking status, smoke exposure

ROS as in HPI

EXAM

Vitals:

- Temp: Patient/family reports
- HR: patient/family count for 15 seconds then x 4
- RR: count

Neuro: Mental status - alert and interacting

Respiratory: Normal effort, speaks in full sentences, no stridor.

Eyes: Injection, drainage, L/R

MDM

Well appearing, no subjective or objective dyspnea, short duration, normal exam.

Acute uncomplicated bronchitis:

- Is cough illness 2-3 weeks
- May be associated with rhinorrhea, fever, hoarseness, conjunctival injection.

URI

- **Care is supportive/symptomatic:** fluids, honey, elevate HOB, saltwater gargle, rest, OTC analgesics, mucolytics, OTCs (throat lozenges, nasal sprays, antihistamines, decongestants, saline nasal drops). Avoid decongestants in peds.

Considerations:

- Ddx of concern: influenza, COVID, asthma, CHF, COPD, PE
- Smoking is not indication for abx
- Sputum production does not differentiate viral/bacterial
- Consider pertussis: paroxysmal, “whoop”, post-tussive emesis or syncope
- Chronic cough, particularly with risk factors of age or smoking, requires imaging.
- Shared decision making if >2-3 weeks, empiric abx for atypical pneumonia versus CXR
- Refer for exam if dyspnea, altered mental status, concern for other diagnosis

Condition: Sinusitis
Population: Adult and Peds (>1 year), M/F

HPI

Onset/Duration: xx days/weeks

Severity: mild/moderate/severe

Associated Symptoms:

- Fever: subjective/objective
- SOB: none/exertional/rest/orthopnea/wheezing
- Ear: pain, congested/muffled, L/R
- Throat: hoarseness, sore throat
- Nose: rhinorrhea, congestion
- Eye: injection, drainage, visual changes, L/R
- Other: HA, mental status/activity change

PMFS: Review

Note: Hx sinusitis

Social: Smoking status, smoke exposure

ROS as in HPI

EXAM

Vitals

- Temp: patient/family reports
- HR: patient/family count for 15 seconds then x 4
- RR: count

Respiratory Effort: Speaks in full sentences

Eyes: Injection, drainage, proptosis, L/R

HEENT: Facial tenderness to percussion, facial swelling or asymmetry, dentition.

Neuro: Mental Status - alert and interacting, EOMI, facial symmetry.

MDM

Well appearing. Duration <4weeks.

Acute sinusitis:

- Acute inflammation of nasal cavity and paranasal sinuses
- Lasting <4 weeks
- 98% viral with resolution within 10-14 days

Viral sinusitis:

- Symptoms <10 days and improving
 - **Care is supportive/symptomatic:** OTC analgesics, nasal saline wash, oral or nasal decongestants, nasal steroids, mucolytics, avoid antihistamines.

Bacterial sinusitis:

- Symptoms >10 days without improvement, severe (fever, purulent drainage, facial pain) at onset.
 - **Care is supportive/symptomatic:** abx vs obs
 - **Adults:** first line amox/clav 500/125mg PO TID **or** 875/125 PO BID for 5-7 days.
 - **Peds:** amox/clav 45mg/kg/day divided BID (max 2000mg) for 10-14 days.

Considerations:

- Ddx of concern: meningitis, cavernous sinus thrombosis, etc.
- Purulent drainage can be viral or bacterial: at onset, consider bacterial, if after some days, viral.
- Allergic sinusitis: care is antihistamines and nasal steroids.
- Refer for exam if severe headache, abnormal vision, facial swelling, altered mental status, proptosis, cranial nerve findings, concern for fungal sinusitis (immunocompromised, DM)

Condition: UTI

Population: Adult or teenage female only

HPI

Onset/Duration: xx days/weeks

PMFS: Review

Severity: mild/moderate/severe

Note: Hx UTI, recent?, hx of abx resistance?

Associated Symptoms:

Social: Sexual history, STI risk

ROS as in HPI

- GU:
 - Frequency, dysuria, urgency, hematuria, flank pain
 - Vaginal discharge, irritation
 - LMP? Pregnancy?
- Fever: subjective/objective
- GI: nausea/vomiting, abd pain

EXAM

Vitals

Neuro: Mental Status - alert and interacting

- Temp: patient reports
- HR: patient count for 15 seconds then x 4
- RR: count

Respiratory Effort: Speaks in full sentences

Abdominal: Suprapubic tenderness, CVA tenderness

MDM

UTI:

- Clinical diagnosis if normal exam/vitals, typical symptoms.
 - **Treatment:**
 - nitrofurantoin 100mg BID x five days (females<65 and lower URI) **or**
 - cephalexin 500mg PO BID x seven days.
 - **If allergy/if necessary, cipro 250mg PO BID x three days (discuss fluoroquinolone risk).**

Considerations:

- DDx of concern: Urinary retention, STI, stone disease.
- Refer for UA if doubt about clinical diagnosis, pregnant, CAUTI, renal transplant, history of resistance/recurrence, functional or anatomic abnormality of urinary tract, renal disease, immunocompromise.
- Refer for exam if concern for STI, fever, severe flank pain, repetitive vomiting

Condition: Pharyngitis
Population: Adult and Peds (>1 year), M/F

HPI

Onset/Duration: xx days/weeks

PMFS: Review

Severity: mild/moderate/severe

Note: Hx strep, strep exposure

Associated Symptoms:

Social: smoking status, smoking exposure

- Fever: subjective/objective
- SOB: none/exertional/rest/orthopnea/wheezing
- Ear: pain, congested/muffled, L/R
- Throat: dysphagia, odynophagia, voice changes, lateralizing L/R symptoms
- Nose: rhinorrhea clear or purulent, L/R
- Eye: injection, drainage, visual changes, L/R
- Other: HA, mental status

ROS as in HPI

EXAM

Vitals

- Temp: patient./family reports
- HR: patient/family count for 15 seconds then x 4
- RR: count

HEENT:

Cervical adenopathy
 Posterior oropharynx for exudate, edema, asymmetry, trismus

Respiratory Effort: Speaks in full sentences

Neuro: Mental Status - alert and interacting, EOMI, facial symmetry.

Eyes: Injection, drainage, proptosis

MDM

- Strep is 5-15% of pharyngitis in adults, 20-30% in peds.
- Suggests viral: conjunctivitis, coryza, cough, diarrhea, hoarseness, stomatitis, rash.
- Suggests bacterial/strep: sudden onset, fever, HA, age 5-15, n/v/AP, exudates, adenopathy, winter/spring, exposure history, scarlatiniform rash.
- Centor Score
 - If 1-5, refer for RST
 - **If positive:**
 - **Adults:** penicillin 500mg PO BID for adults. Duration 10 days.
 - **Peds:** amoxicillin 25mg/kg (max 500mg) PO BID. Duration 10 days.
 - If -1 or 0, treat symptomatically: OTC analgesics, fluids, rest.

Centor Criteria	Score
Fever (100.4)	1
Tonsillar exudate	1
Absent Cough	1
Anterior Cervical LAD	1
Age 3-14 yrs	1
Age 15-44 yrs	0
Age >44yrs	-1

Considerations:

- Ddx of concern: PTA/abscess/deep space infection, mononucleosis,

Condition: Conjunctivitis/Pink Eye
Population: Adult and Peds (>1 year), M/F

HPI

Onset/Duration: xx days/weeks

Severity: mild/moderate/severe

Character: clear, purulent

Location: L/R

Other: foreign body, visual changes, contact lens

PMFS: Review

Note: Eye infections, eye surgery

Social: Occupation, school/daycare

ROS as in HPI

Associated Symptoms:

- Fever: subjective/objective
- SOB: none/exertional/rest/orthopnea/wheezing
- Ear: pain, congested/muffled, L/R
- Throat: hoarseness, sore throat
- Nose: rhinorrhea, congestion
- Other: HA, mental status

EXAM

Vitals

- Temp: patient./family reports
- HR: patient/family count for 15 seconds then x 4
- RR: count

Respiratory Effort: Speaks in full sentences

Eyes: Injection, drainage, proptosis, edema, L/R

HEENT: Facial tenderness to percussion, facial swelling or asymmetry.

Neuro: Mental Status - alert and interacting, EOMI, facial symmetry.

Skin: No facial rash

MDM

Viral Conjunctivitis:

- Accounts for majority, often bilateral, clear/watery drainage, viral prodrome/symptoms, outbreaks.
 - **Treatment:** compresses (either cool or warm)

Bacterial Conjunctivitis:

- Often unilateral, purulent drainage.
 - **Treatment:** erythromycin ointment 4x/day, tobramycin ointment/solution 3x/day, gentamicin ointment/solution 4x/day. Duration 5-7 days. Ointment for peds, drops for adults.

- For both: hygiene
- Allergic: seasonal associated symptoms rhinorrhea, treatment with topical antihistamines
- Refer for exam if contact lens wearer, history of foreign body, concern for corneal abrasion/ulcer, herpes, visual changes, facial rash/swelling (cellulitis, zoster), fever of concern