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## Clinical Practice Pathway: Viral Upper Respiratory Tract Infection (URI)

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### Background/Rationale and Purpose

This guideline provides best practice recommendations for the management of children with the common cold or non-specific upper respiratory tract infection (URI). The focus is on supportive care and symptomatic relief while avoiding unnecessary antibiotic use.

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### Guideline Eligibility

#### Inclusion Criteria:

- Children aged **6 months to 12 years** with **non-specific URI** in the **ambulatory setting**.

#### Exclusion Criteria:

- **Toxic-appearing children**
  - **Children with bacterial URIs**
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### Recommendations (Appendix E)

#### Course of Illness:

- The typical course of **uncomplicated viral URIs** lasts **5-7 days**.
- Viral URIs often present with **nasal discharge, congestion, and cough**.
- Nasal discharge usually starts as **clear** and may change consistency and color during the illness.
- **Fever**, if present, typically occurs **early in the illness**.

#### Management:

- **Symptomatic Relief:**
  - **Do not prescribe antibiotics** for uncomplicated viral URIs.
  - Focus on supportive care, including:
    - **Ibuprofen or acetaminophen** for fever and pain relief.
    - **Humidified air** to ease nasal congestion.
    - **Honey** (for children **older than 12 months**) to relieve cough.

#### Prolonged Cough Considerations:

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- If cough persists, consider testing for *Bordetella pertussis*, *Bordetella parapertussis*, *Mycoplasma pneumoniae*, and/or *Chlamydia pneumoniae*, and initiate appropriate antimicrobial therapy if indicated.

## Avoid Harm:

- **Over-the-counter cough and cold medications are not recommended for children under 6 years** due to the **potential for harm and lack of proven benefit**.
  - These medications rank among the **top 20 substances leading to death in children under 5 years**.
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## Goals and Metrics

Reduce antibiotic prescribing rates for upper respiratory tract infections to  $\leq 30\%$

## Patient and family education:

- EPIC patient education links:
  - Upper respiratory infection, infant
  - Upper respiratory infection, pediatric
  - Cough, pediatric
  - Fever, pediatric

## Abbreviations

ABRS, acute bacterial rhinosinusitis

AOM, acute otitis media

GAS, Group A Streptococcus

URI, upper respiratory tract infection

## Related resources

- URI PEDS SMARTSET
- Any ICD-10 code beginning with the following: A37, A38.0, A48.1, H10, H66.0, H66.4, H66.9, H67, J00 to J22, J40

## Basis for Recommendations

1. Adam L. Hersh, Mary Anne Jackson, Lauri A. Hicks, the COMMITTEE ON INFECTIOUS DISEASES, Michael T. Brady, Carrie L. Byington, H. Dele Davies, Kathryn M. Edwards, Yvonne A. Maldonado, Dennis L. Murray, Walter A. Orenstein, Mobeen Rathore, Mark Sawyer, Gordon E. Schutze, Rodney E.

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Willoughby, Theoklis E. Zaoutis; Principles of Judicious Antibiotic Prescribing for Upper Respiratory Tract Infections in Pediatrics. *Pediatrics* December 2013; 132 (6): 1146–1154. 10.1542/peds.2013-3260

2. Gerber JS, Ross RK, Bryan M, Localio AR, Szymczak JE, Wasserman R, Barkman D, Odeniyi F, Conaboy K, Bell L, Zaoutis TE, Fiks AG. Association of Broad- vs Narrow-Spectrum Antibiotics With Treatment Failure, Adverse Events, and Quality of Life in Children With Acute Respiratory Tract Infections. *JAMA*. 2017 Dec 19;318(23):2325-2336. doi: 10.1001/jama.2017.18715. PMID: 29260224; PMCID: PMC5820700
3. CDC Antibiotic Prescribing and Use for Pediatric Outpatients:  
<https://www.cdc.gov/antibiotic-use/hcp/clinical-care/pediatric-outpatient.html>

Version	Date	Author(s)	Reviewer(s)	Revisions
1.0		Debbie-Ann Shirley, MD	Maria Kelly, MD Rachel Reise, pharmD Matthew Garber, MD Kalen Manasco, pharmD	-

Please note this information reflects the best information as of the revised date above and is provided as a general guide for our patient care. Clinical judgment and critical thinking regarding a particular patient remains with the patient’s provider.

## APPENDIX E: TREATMENT OF VIRAL UPPER RESPIRATORY TRACT INFECTION

