




**Envision New Mexico**



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The Initiative for Child Healthcare Quality

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# **CAREFUL ANTIBIOTIC USE**

Stemming the tide of antibiotic resistance: Recommendations by CDC/AAP to promote appropriate antibiotic use in children.

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[www.envisionnm.org](http://www.envisionnm.org) [www.cdc.org](http://www.cdc.org)

## Quality Improvement

### Model of Improvement:

- Plan, Do, Study, Act

### Motivational Interviewing:

- How ready are you to change?
- How confident are you to make change?

## Lessons Learned

### Assess baseline:

- Provider survey/chart review audit
- S.W.O.T.

### Improvement needed:

- Chart documentation
- Equipment and supplies
- Personnel training or lack of support personnel
- Chart audit process



## HEDIS 2008

Healthcare Effectiveness Data and Information Set

1. Appropriate treatment for children with upper respiratory infection

Children 3 months to 18 years who were given a diagnosis of URI and prescription for antibiotic **not** dispensed on or within 3 days of the URI diagnosis

2. Appropriate testing for children with pharyngitis

Children who had an outpatient visit or ED encounter with only a diagnosis of pharyngitis who were dispensed an antibiotic and also received a Group A streptococcus test 3 days before or 3 days after the prescription.

[www.ncqa.org](http://www.ncqa.org)

## Pediatric Appropriate Treatment Summary



## Classifying Otitis Media

**Only treat children with proven AOM.**

- History of acute onset of signs and symptoms
- Presence of middle ear effusion
- Signs or symptoms of middle-ear inflammation

## Diagnosing Otitis Media

Log on to Pediatrics Education online



[http://pedsed.pitt.edu/06\\_Browse.asp](http://pedsed.pitt.edu/06_Browse.asp)

eProm list:

1. Pneumatic otoscopy
2. Diagnosis of OME
3. Diagnosis of AOM

## Treating Otitis Media

Age	Certain Diagnosis	Uncertain Diagnosis
< 6 months	Antibacterial Therapy	Antibacterial Therapy
6 month – 2 years	Antibacterial Therapy	Antibacterial therapy if severe illness; observation option if non-severe illness
> 2 years	Antibacterial therapy if severe illness; observation option if non-severe illness	Observation option

## Rhinitis & Sinusitis

### Rhinitis:

- Don't give antibiotics
- Mucopurulent rhinitis  
*Thick, opaque, or discolored nasal discharge*

### Sinusitis:

- Strict criteria for Diagnoses
- Initial antibiotic treatment

## Acute Bacterial Sinusitis

- ◆ Persistent, severe or worsening of URI symptoms for >10 and <30 days
- ◆ Fever >101, facial swelling, pain
- ◆ Narrow-spectrum antibiotic

## Pharyngitis

- 👁️ Antibiotics should not be given to a child with pharyngitis in the absence of diagnosed GAS infection.
- 👁️ Assess Strep score 1-5
- 👁️ Penicillin remains the drug of choice

## Strep Score

- ◆ Age 5-15
- ◆ Season (late fall, winter, early spring)
- ◆ Evidence of acute pharyngitis (with or without exudate)
- ◆ Tender, enlarged ant. cx. nodes
- ◆ Fever 101-103
- ◆ No URI, cough symptoms

## Cough Illness & Bronchitis

- 👁️ Rarely warrants antibiotic treatment
- 👁️ Pertussis should be treated accordingly
  - Lab culture + PCR test (polymerase chain reaction)

## Prolonged Cough

- 👁️ Mycoplasma pneumoniae---pneumonia
- 👁️ Children with pulmonary disease may benefit from antibiotics
  - Asthma, CHD, immuno-deficient



Thank You



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*Eliminating the gap between what is  
and what can be in health care for all children*