

## Priority Topic:

# UPPER RESPIRATORY TRACT INFECTION

## Key Features:

1. Given an appropriate history and/or physical examination:
  - a) **Differentiate life-threatening** conditions (epiglottitis, retropharyngeal abscess) from benign conditions.
  - b) **Manage** the condition appropriately.

### *What you should study:*

- ✓ ICSI Dx and Tx of Respiratory Illness Guidelines - **Table 2 Page 15**
- ✓ Antibiotic Use in URTI AAFP 2012
- ✓ SOS Antibios! MduQ 2014

2. Make the **diagnosis of bacterial sinusitis** by taking an adequate **history** and performing an appropriate **physical** examination, and **prescribe appropriate antibiotics** for the **appropriate duration** of therapy.

### *What you should study:*

- ✓ Acute bacterial sinusitis in Children AAP 2013
- ✓ Acute bacterial sinusitis in children NEJM 2012
- ✓ Acute Rhinosinusitis Adult INESSS 2016
- ✓ Acute Rhinosinutitis Children INESSS 2016
- ✓ Rinosinusite-Adulte INESSS 2016
- ✓ Rhinosinusite-Enfant INESSS 2016

3. In a patient presenting with **upper respiratory symptoms**:
- a) Differentiate **viral from bacterial infection** (through history and physical examination).
  - b) **Diagnose a viral upper respiratory tract infection (URTI)** (through the history and a physical examination).
  - c) **Manage the condition appropriately** (e.g., do not give antibiotics without a clear indication for their use).

***What you should study:***

- ✓ **Appropriate antibiotic use for acute respiratory infection in adults AIM 2016**
- ✓ **L'utilisation rationnelle des antibiotiques MduQ 2017**
- ✓ **ICSI Dx and Tx of Respiratory Illness Guidelines**

4. Given a history compatible with otitis media, **differentiate it from otitis externa and mastoiditis**, according to the characteristic physical findings.

***What you should study:***

**These CPS articles are also available in English**

- ✓ **L'otite externe aiguë CPS 2013**
- ✓ **La prise en charge de l'otite moyen aiguë CPS 2016**

5. In **high-risk patients** (e.g., those who have human immunodeficiency virus infection, chronic obstructive pulmonary disease, or cancer) with upper respiratory infections: **Look for complications** more aggressively, and follow up more closely.

***What you should study:***

- ✓ **ICSI Dx and Tx of Respiratory Illness Guidelines - Table 1**

6. In a presentation of pharyngitis, **look for mononucleosis**.

***What you should study:***

**My favourite sore throat mnemonic for differential is “mono-gono-strep”**

✓ **Mononucleosis: Common questions AAFP 2015**

7. In **high-risk groups**:

- a) Take **preventive measures** (e.g., use flu and pneumococcal vaccines).
- b) **Treat early** to decrease individual and population impact (e.g., with oseltamivir phosphate [Tamiflu], amantadine).

***What you should study:***

✓ **The use of antiviral drugs for influenza CPS 2013**

✓ **Antiviral drugs for influenza AMMI Canada Guideline 2013**

✓ **Pneumococcal vaccination in adults – see **Table 4****

<http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/4-canadian-immunization-guide-canadien-immunisation/index-eng.php?page=16#a6>

✓ **Influenza vaccine: <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/professionals-professionnels-eng.php>**