

Upper Respiratory Infection (URI) Treatment for Providers

Cerner PowerChart Ambulatory **EDUCATION**

Appropriate treatment for Upper Respiratory Infection (URI) in patients 3 months of age and older is important to prevent antibiotic resistance and improve antibiotic prescribing and use. The goal of using health quality measures is to provide consistent, timely and high-quality patient care.

Providers

1. When a patient 3 months and older presents with URI symptoms, assess the patient’s symptoms to determine if a bacterial or viral infection is suspected.
2. If a bacterial infection is suspected:
 - a. **Order appropriate testing** to confirm bacterial infection.
 - b. Add the appropriate diagnosis to the **Problem List** as a **this visit** problem.
 - c. If necessary, treat the patient with antibiotics.
 - d. Determine if additional **follow up** is needed for the acute issue. The patient should follow up within 3 days if symptoms have not improved.
3. If a viral infection is suspected:
 - a. Assess if the patient has a **competing comorbid condition** or a **competing diagnosis**.
 - b. Add all appropriate diagnosis codes to the **Problem List** as a **this visit** problem.
 - c. If necessary, treat the patient with antibiotics.
 - d. The patient should follow up within 3 days if symptoms have not improved.

Common Related Competing Diagnosis Codes

Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Otitis Media	H66.001 –H66.007, H66.009, H66.011 – H66.017, H66.019, H66.10 –H66.13, H66.20 –H66.23, H66.3X1 –H66.3X3, H66.3X9, H66.40 –H66.43, H66.90 – H66.93, H67.1 –H67.3, H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9

Common Unrelated Competing Diagnosis Codes

Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 –L03.116; L03.119; L03.211; L03.221; L03.311 – L03.317; L03.319; L03.811; L03.818; L03.90
Acute Cystitis/UTI	N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N39.0
Bacterial Infection	NOSA49.9
Gastroenteritis/GI bacterial infection unspecified	A04.9, A09
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09

Healthcare Effectiveness Data and Information Set (HEDIS) Tips

- Prescribing antibiotics for a URI is not consistent with evidence-based medicine unless there is either:
 - Evidence of co-existing bacterial infection, called a “competing diagnosis”.
 - A patient with a comorbid condition that compromises the lungs or immune status.
- Recommend symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops, and saltwater gargle.
- Educate patients on proper handwashing and hygiene to prevent the spread of illness to close contacts.
- Good communication is often more important to patient satisfaction than prescribing an antibiotic.
- Click [here](#) to access additional materials that can be shared with patients.