



The Cold Standard

A toolkit for using antibiotics wisely for the management of respiratory tract infections in primary care.

Fifth Edition

Updated:
November 2024

What's Happening?

1. In the coming respiratory season, vaccines, including, respiratory syncytial virus (RSV), COVID-19 and influenza, will continue to play an important role in preventing and reducing illness severity for respiratory tract infections.
2. Most viral respiratory infections are diagnosed and managed clinically based on symptoms with testing available mainly in hospitals and other health care institutions.
3. The majority of acute respiratory tract infections (RTIs) are viral and can be managed with **supportive care**. Supportive management can be offered using a pediatric or adult viral prescription.

How Can the Cold Standard Toolkit Help?

The majority of overprescribing is not due to lack of knowledge. This toolkit is intended to support judicious use of antibiotics in the following ways:

- De-emphasize the role of antibiotics for RTI through public-facing campaign.
- Standardize the clinical definition of viral RTIs and when testing (e.g., throat swab, chest radiograph, etc.) is needed to determine need for antibiotics.
- Increase adoption of the viral prescription that can address patient concerns through structured communication regarding RTI diagnosis, symptom management, expected clinical course, and safety net planning.
- Incorporate delayed prescriptions for cases with diagnostic uncertainty regarding bacterial infection (e.g., acute otitis media).
- Ensure that, when antibiotics are deemed necessary, the duration does not exceed maximum recommendations.



Points to Remember:

Matching the Respiratory Syndrome with the Most Appropriate Approach

Syndrome	Specific Situations Where Antibiotics are Recommended	Recommended Antibiotic Duration	Tools to Support Management
Upper Respiratory Tract Infection (Common Cold)	<ul style="list-style-type: none"> Not indicated 	<ul style="list-style-type: none"> Antibiotics never indicated 	<ul style="list-style-type: none"> Adult or pediatric viral prescription
Bronchitis/Asthma	<ul style="list-style-type: none"> Not indicated 	<ul style="list-style-type: none"> Antibiotics never indicated 	<ul style="list-style-type: none"> Adult or pediatric viral prescription
Otitis Media*	<ul style="list-style-type: none"> Perforated tympanic membrane with purulent discharge or a bulging tympanic membrane with either: <ul style="list-style-type: none"> Fever $\geq 39^{\circ}\text{C}$ OR Moderately or severely ill OR Symptoms lasting > 48 hours 	<ul style="list-style-type: none"> Age 6 months to 2 years: 10 days Age greater than 2 years: 5 days 	<ul style="list-style-type: none"> Adult or pediatric viral prescription in most cases, antibiotics may be needed based on criteria in table Delayed prescription
Pharyngitis**	<ul style="list-style-type: none"> Centor score is ≥ 2 AND throat swab culture (or rapid antigen test if available) confirms presence of Group A <i>Streptococcus</i> Don't perform throat swabs at all for patients with Centor score ≤ 1 OR if there are accompanying symptoms of a viral infection such as rhinorrhea, oral ulcers or hoarseness (since a positive swab in that circumstance would likely represent colonization. Note: a positive swab doesn't distinguish colonization from acute disease). 	<ul style="list-style-type: none"> 10 days (once daily dosing recommended to ensure completion; 50mg/kg daily up to maximum of 1000 mg daily) 	<ul style="list-style-type: none"> Adult or pediatric viral prescription in most cases, throat swab only if Centor 2 or greater, and only antibiotics if GAS isolated
Sinusitis	<ul style="list-style-type: none"> Patient has at least 2 of the below PODS symptoms, one of those being O or D AND: <ul style="list-style-type: none"> Symptoms lasting greater than 7-10 days OR The symptoms are severe OR There is no response after a 72-hour trial with nasal corticosteroids P = Facial Pain/pressure/fullness O = Nasal Obsturbation D = Purulent nasal or postnasal Discharge S = Hyposmia/anosmia (Smill) 	<ul style="list-style-type: none"> 5 days 	<ul style="list-style-type: none"> Adult or pediatric viral prescription and antibiotics are very rarely indicated, only for criteria in table
Pneumonia	<ul style="list-style-type: none"> If the patient has compatible symptoms AND radiographic confirmation of pneumonia Chest x-ray should not be performed routinely unless there are abnormal vital signs and/or physical exam findings 	<ul style="list-style-type: none"> 5 days 	<ul style="list-style-type: none"> Immediate antibiotics, no adult or pediatric viral prescription
Acute Exacerbation of COPD	<ul style="list-style-type: none"> Increase in sputum purulence with either increase in sputum volume and/or increased dyspnea 	<ul style="list-style-type: none"> 5 days 	<ul style="list-style-type: none"> Inhalers and steroids, only antibiotics if meets criteria

* In patients with childhood immunizations.

** Bacterial (GAS) pharyngitis is rare in children less than 3 years of age, and testing is only indicated in outbreak settings or when scarlet fever is suspected

These recommendations are for outpatient/ambulatory patients (not hospitalized or unwell).

These recommendations only apply to individuals 6 months of age or older (excludes neonates and young infants).

Tools to Support Using Antibiotics Wisely

Viral Prescription

Patients with viral infections are seeking relief from their symptoms, and antibiotics do not help them recover. There are some supportive treatments, however, that can improve their symptoms.

Because patients have come to expect a prescription as part of their treatment plan for bacterial infections, you can use the same approach for viral infections (minus the antibiotic, of course).

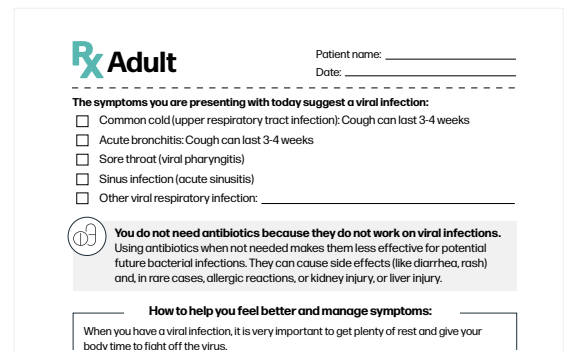
How to Implement (Virtual)

There are a number of ways to provide a patient with a viral prescription, depending on the technology available to you and your patient:

- Verbally review the viral prescription with your patient.
- If the viral prescription is incorporated into your EMR system, fill it in and email it directly to your patient.
- Fill out the viral prescription electronically or by hand and either scan or take a photo of it and email it to your patient using secure approved methods.
- If you are on a video call, fill out the viral prescription by hand, and let the patient take a screen shot or photo of it.
- You can refer them to the [Using Antibiotics Wisely website](#) to review the viral prescription.

How to Implement (In Person)


- At an in-person visit, print the handout, review it with, and give it to, the patient.
- Offices using electronic health records (EHRs) can incorporate this tool into a patient's electronic medical record (EMR) by following the instructions included in the [downloadable file](#).



Rx Adult Patient name: _____ Date: _____

The symptoms you are presenting with today suggest a viral infection:

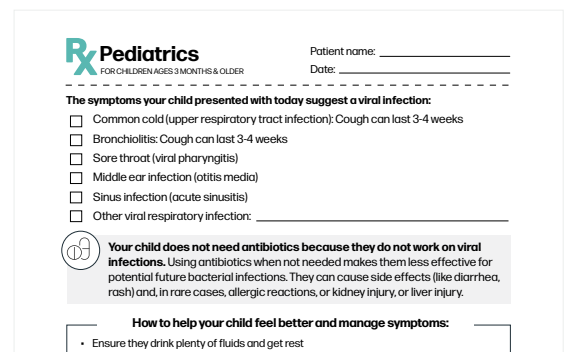
- ☐ Common cold (upper respiratory tract infection): Cough can last 3-4 weeks
- ☐ Acute bronchitis: Cough can last 3-4 weeks
- ☐ Sore throat (viral pharyngitis)
- ☐ Sinus infection (acute sinusitis)
- ☐ Other viral respiratory infection: _____

 **You do not need antibiotics because they do not work on viral infections.** Using antibiotics when not needed makes them less effective for potential future bacterial infections. They can cause side effects (like diarrhea, rash) and, in rare cases, allergic reactions, or kidney injury, or liver injury.

How to help you feel better and manage symptoms:

When you have a viral infection, it is very important to get plenty of rest and give your body time to fight off the virus.


Download



Rx Pediatrics FOR CHILDREN AGES 3 MONTHS & OLDER Patient name: _____ Date: _____

The symptoms your child presented with today suggest a viral infection:

- ☐ Common cold (upper respiratory tract infection): Cough can last 3-4 weeks
- ☐ Bronchiolitis: Cough can last 3-4 weeks
- ☐ Sore throat (viral pharyngitis)
- ☐ Middle ear infection (otitis media)
- ☐ Sinus infection (acute sinusitis)
- ☐ Other viral respiratory infection: _____

 **Your child does not need antibiotics because they do not work on viral infections.** Using antibiotics when not needed makes them less effective for potential future bacterial infections. They can cause side effects (like diarrhea, rash) and, in rare cases, allergic reactions, or kidney injury, or liver injury.

How to help your child feel better and manage symptoms:

- Ensure they drink plenty of fluids and get rest

Download

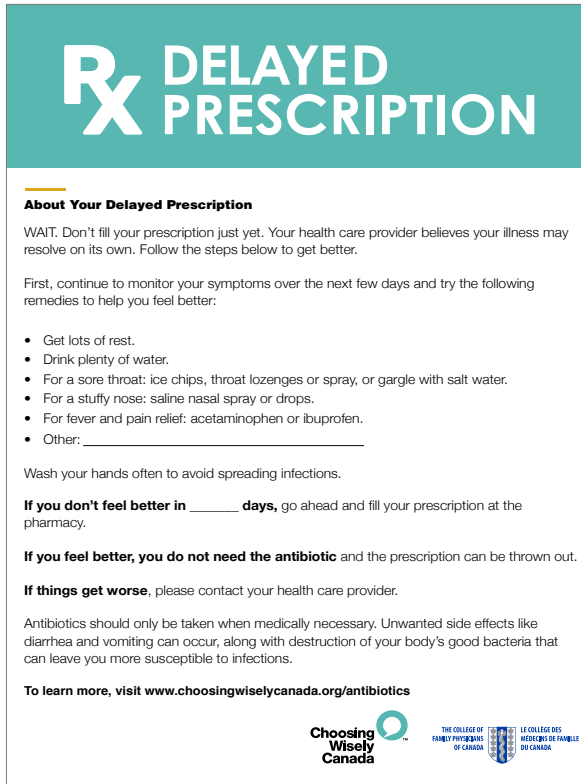
More information about the tools and how to download them can be found at:

 www.choosingwiselycanada.org/antibiotics-primary-care.

Delayed Prescription


You can use delayed prescriptions for select patients following an in-person visit or in some cases, following a virtual visit (e.g., otitis media, uncomplicated sinusitis). Contrary to what many clinicians think, delayed prescriptions only get filled one third of the time and there is no difference in patient satisfaction between receiving an immediate prescription and a delayed prescription.¹

To accompany a delayed prescription, Choosing Wisely Canada developed a delayed prescription handout that can be provided to patients. Note that this tool should not be used for all patients with RTIs since the majority should receive no antibiotics at all.

A template for a delayed prescription handout. It has a teal header with a large 'Rx' icon and the text 'DELAYED PRESCRIPTION'. Below the header, the title 'About Your Delayed Prescription' is followed by instructions: 'WAIT. Don't fill your prescription just yet. Your health care provider believes your illness may resolve on its own. Follow the steps below to get better.' It then lists remedies: 'First, continue to monitor your symptoms over the next few days and try the following remedies to help you feel better:' followed by a bulleted list: 'Get lots of rest.', 'Drink plenty of water.', 'For a sore throat: ice chips, throat lozenges or spray, or gargle with salt water.', 'For a stuffy nose: saline nasal spray or drops.', 'For fever and pain relief: acetaminophen or ibuprofen.', and 'Other: _____'. Below this is a line for 'Wash your hands often to avoid spreading infections.' Then, it says 'If you don't feel better in _____ days, go ahead and fill your prescription at the pharmacy.' and 'If you feel better, you do not need the antibiotic and the prescription can be thrown out.' and 'If things get worse, please contact your health care provider.' It then states 'Antibiotics should only be taken when medically necessary. Unwanted side effects like diarrhea and vomiting can occur, along with destruction of your body's good bacteria that can leave you more susceptible to infections.' and 'To learn more, visit www.choosingwiselycanada.org/antibiotics'. At the bottom are logos for 'Choosing Wisely Canada' and 'THE COLLEGE OF FAMILY PHYSICIANS OF CANADA' and 'LE COLLEGE DES MEDICINS DE FAMILLE DU CANADA'.

Download

The Delayed Prescription is available in:

 [English](#) | [French](#) | [Simplified Chinese](#)
[Spanish](#) | [Arabic](#) | [Punjabi](#) | [Tagalog](#)

How to Implement (Virtual)

Delayed prescriptions should not routinely be used for virtual visits, with the following exceptions:

- Suspected otitis media with symptoms >48 hours, and fever $\geq 39^{\circ}\text{C}$ despite adequate pain medication.
- Sinusitis for symptoms >7 days without red flags, with no amelioration following 72 hour trial of nasal corticosteroids.

If you need to provide a patient with a delayed prescription, there are a number of ways to do so based on the technology available to you and your patient:

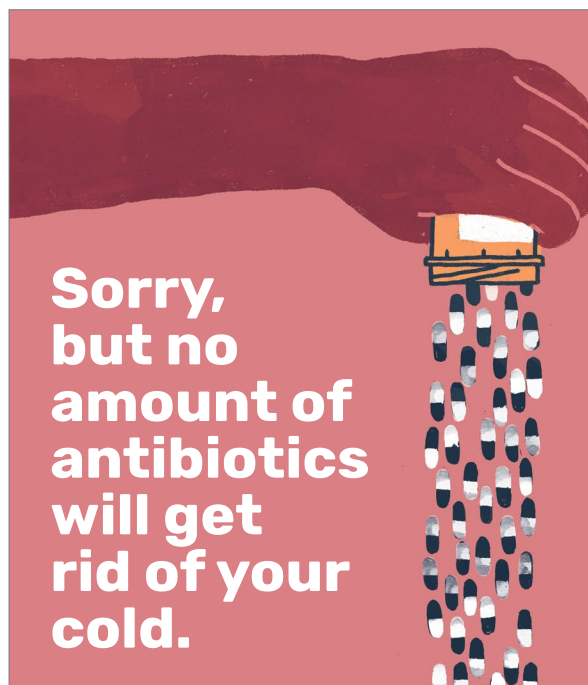
- Provide a prescription for antibiotics that is post-dated 2-3 days and have the patient pick it up from your clinic.
- Email a post-dated prescription to your patient.
- Fax the prescription directly to the pharmacy.
- If it is not possible to post-date the prescription, advise patient to wait to fill it.

How to Implement (In Person)

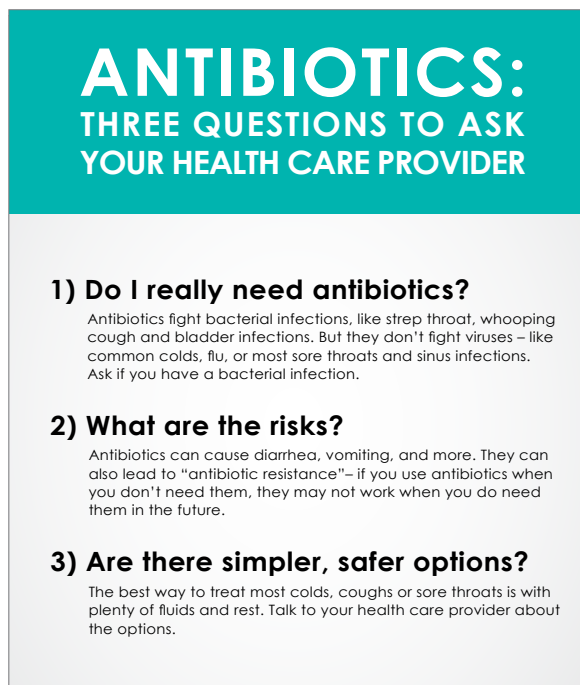
- Provide a prescription for antibiotics that is post-dated 2-3 days so that it cannot be filled until the date indicated. You may also want to include an “expiration date” when the prescription becomes invalid.
- To accompany the prescription, print the Choosing Wisely Canada delayed prescription handout for the patient.
- Offices using EHRs can incorporate the Choosing Wisely Canada delayed prescription handout into a patient's EMR by following the instructions included in the [downloadable file](#). Note that a prescription to accompany this handout must be provided (see above).

Posters

A poster can educate patients and act as a behavioural ‘nudge’ by setting expectations. Posters have been shown to be effective as part of an outpatient antimicrobial stewardship intervention for reducing inappropriate prescriptions.^{2,3}



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How to Implement

- Print the poster and hang it in the waiting area or examination rooms in your practice.
- Use it as a screen saver on your clinic computers or on your waiting room televisions.
- If you do telemedicine, you can hang the poster in a visible space behind you.
- Given that many visits may be virtual, the poster can be included in your clinic's e-newsletter.

'Sorry' posters are available in:

🔗 [English](#) | [French](#) | [Simplified Chinese](#) | [Spanish](#) | [Arabic](#) | [Punjabi](#) | [Tagalog](#)

'Three Questions' posters are available in:

🔗 [English](#) | [French](#) | [Simplified Chinese](#) | [Spanish](#) | [Arabic](#) | [Punjabi](#) | [Tagalog](#)

Quality Improvement in Your Practice

- Quality improvement is a great way to obtain CME credits.
- Earn up to 5 Mainpro+® credits using a Linking Learning to Practice exercise to document how this tool has affected your practice.
- Measurement indicators can be found in Version 1.0 of [The Cold Standard](#).

Visit www.cfpc.ca/en/education-professional-development/cpd-at-cfpc/linking-learning-exercises to learn more.

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This toolkit was prepared by:

Guylène Thériault, MD, CCFP

Primary Care Co-Lead, Choosing Wisely Canada

Olivia Ostrow, MD, FAAP

Pediatrics Lead, Using Antibiotics Wisely

Pediatrician, The Hospital for Sick Children

Jerome Leis, MD, M.Sc., FRCPC

Clinician Lead, Using Antibiotics Wisely

Infectious Disease Physician, Sunnybrook Health Sciences Centre

Allan Grill, MD, CCFP (COE), MPH, FCFP, CCPE

Physician Advisor, Department of Programs & Practice Support, The College of Family

Physicians of Canada

Family Physician, Markham Stouffville Hospital

Doreen Day, MHSc

Project Manager, Pan-Canadian Initiatives, Choosing Wisely Canada

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