

Have a patient who insists on taking an antibiotic for a viral acute upper respiratory infection?

Here's what you can do.



Make it clear that antibiotics are NOT effective

Antibiotics are not effective at treating acute upper respiratory infections, bronchitis (chest colds) or bronchiolitis because they won't cure a viral infection.

Use language patients can clearly understand

Try to avoid using bronchitis, bronchiolitis or other medical diagnostic language when talking to patients. Saying "chest cold" can be less alarming and may set a different patient expectation for treatment. The materials in this toolkit offer additional ways to help you speak with your patients about safe antibiotic usage.

Mention some of the serious side effects of antibiotics

Nausea, upset stomach, diarrhea or loss of appetite

Kills helpful bacteria in your body

Creates antibiotic-resistant bacteria such as MRSA, a type of flesh-eating bacteria

May increase the risk of serious diseases (e.g., autoimmune disorder)

Remind them of the best ways to treat upper respiratory infections

Chest colds typically improve after a week to 10 days. Speed up recovery by:

- Staying well hydrated
- Getting plenty of sleep
- Keeping a humidifier in your bedroom

Suggest over-the-counter treatments to help alleviate some symptoms

- Cough suppressants (dextromethorphan)
- First-generation antihistamines (Diphenhydramine)
- Decongestants (phenylephrine)

If the patient still thinks an antibiotic will help them feel better:

Use the prescription pads in this toolkit for non-prescription remedies and self-care actions. If patients are insistent, or there is diagnostic uncertainty, consider a prescription dated three (3) days in the future and tell the patient to fill it if their symptoms don't improve.