

Acute Upper Respiratory Tract Infection
(“the Common Cold”): Discussion Guide

During a regularly scheduled staff meeting, the stewardship leader(s) is encouraged to ask all clinical staff which of the components of the AHRQ Toolkit To Improve Antibiotic Use in Ambulatory Care related to upper respiratory tract infection have been reviewed. It is recommended that all clinical staff review at least one of the following: the audio presentation, the slide set with accompanying facilitator guide, or the clinician one-page document. Remind staff that even if they have not had a chance to review the material, that they should still do so. Also, remind staff how they can access the AHRQ Toolkit To Improve Antibiotic Use in Ambulatory Care content.

During the same meeting, the stewardship leader(s) should generate conversation among staff members to determine how the practice can collectively improve the diagnosis and management of upper respiratory tract infection in their patients. Consider taking minutes and distributing them after the meeting to remind everyone present (and those not present) what was decided. Finally, it is also recommended to discuss progress on implementing previous stewardship activities that the group is engaging in.

Suggested discussion questions include the following:

1. Will we have a triage system for patients who have acute viral upper respiratory tract infections? How will we integrate the triage system into our current workflow? For which patients will we recommend testing for respiratory viruses?
2. What symptomatic treatment will we recommend for patients with acute upper respiratory tract infections? What is the best way to communicate our treatment recommendations to patients? How will we know our messaging is consistent across clinicians or sites?

1. How will members of the practice develop consistent messaging to patients that antibiotic treatment is not indicated for acute upper respiratory tract infections? How will we track compliance with not prescribing antibiotics for these patients?

AHRQ Pub. No. 17(22)-0030

September 2022