



**GENERAL PRINCIPLES FOR THE DIAGNOSIS AND MANAGEMENT OF VIRAL UPPER RESPIRATORY INFECTIONS (URI)**

The following guideline recommends general principles and key clinical activities for the diagnosis and management of *Acute Nasopharyngitis, Acute Laryngopharyngitis, Acute Upper Respiratory Infection, and Acute Bronchitis/Bronchiolitis*.

Eligible Population	Key Components	Recommendations
<b>Age 3 months of age and older with viral respiratory infections</b>	<b>Diagnosis</b>	An upper respiratory infection is a self-limited illness typical lasting up to 14 days manifested by rhinorrhea, cough, fever, headache, sore throat, hoarseness, mild fussiness or irritability, decrease in appetite, sleep disturbance, and mild eye redness/drainage.
	<b>Education and Prevention</b>	<ul style="list-style-type: none"> <li>• Hand washing/hand sanitizers</li> <li>• Avoid close contact with sick people</li> <li>• Don't touch your face with unwashed hands</li> <li>• Drink more fluids</li> <li>• Get plenty of rest</li> <li>• Use a cool-mist vaporizer or saline nasal spray to relieve congestion</li> <li>• Support use of telehealth for evaluation of mild to moderate URI symptoms to reduce exposure and improve accessibility.</li> </ul>
	<b>Medication</b>	<p>Reduce unnecessary use of antibiotics. Antibiotic treatment should be reserved for a bacterial illness. Because colds are viral infections, antibiotic use will not cure or shorten their length. Management of the common cold, nonspecific URI, and acute cough illness should focus on symptomatic relief:</p> <ul style="list-style-type: none"> <li>• Nasal decongestants</li> <li>• Cough Suppressants</li> <li>• Expectorants</li> <li>• Antihistamines</li> <li>• Pain Relievers/Fever Reducers</li> </ul> <p>Clinicians should be certain that caregivers understand both the importance of administering these medications only as directed and the risk of overdose if they administer additional medications that might contain the same ingredient.</p>
	<b>Re-evaluation</b>	<p>This guideline applies to patients in normal health and without severe complicating health factors. Re-evaluation if:</p> <ul style="list-style-type: none"> <li>• Fever lasts for three days or more</li> <li>• Symptoms worsen after 3 to 5 days or if new symptoms appear (increasing symptoms of illness, lethargy, decreased responsiveness, poor eye contact, difficulty breathing)</li> </ul> <ul style="list-style-type: none"> <li>• Symptoms have not improved after 7 to 10 days; it is not unusual for a mild cough and congestion to continue 14 days or more.</li> </ul> <p>This guideline is designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition.</p>

This guideline is based on recommendations of the Centers for Disease Control 2024 and National Committee for Quality Assurance (NCQA) 2024

Also based on HEDIS 2020 Specifications for Appropriate Treatment for Upper Respiratory Infections

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