El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEDICAID

APPROPRIATE USE OF ANTIBIOTICS FOR UPPER RESPIRATORY DISEASES (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
Age 3 months of age and older with viral respiratory infections	**Diagnosis**	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.
	Education and Prevention	• Encourage respiratory etiquette (Cover coughs/sneezes) • Improve indoor ventilation when possible. • Hand hygiene remains essential • Encourage adequate hydration and rest • Support use of telehealth for evaluation of mid to moderate URI symptoms to reduce exposure and improve accessibility.
	Medication	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: • Nasal decongestants • Cough Suppressants • Expectorants • Antihistamines • Pain Relievers/Fever Reducers 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.
	Re-evaluation	This guideline applies to patients in normal health and without severe complicating health factors. Re-evaluation if: • Fever lasts for three days or more • Symptoms worsen after 3 to 5 days or if new symptoms appear (increasing symptoms of illness, lethargy, decreased responsiveness, poor eye contact, difficulty breathing) • 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. 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.

This guideline is based on recommendations of the Centers for Disease Control 2026 and National Committee for Quality Assurance (NCQA) 2026, and the HEDIS 2026 Specifications for Appropriate Treatment for Upper Respiratory Infections. Individual patient considerations and advances in medical science may supersede or modify these recommendations

Reviewed and approved by QIC 07/28/2026