

## Supplemental Information

*The AAP believes that all children deserve high-quality medical care. This includes best practices for common acute illnesses according to evidence-informed guidelines, where available. To that end, the AAP believes that these best practices should be transparent to all stakeholders who deliver care to children, to the patients themselves, and to their caregivers. The following information is provided in the public domain to all interested stakeholders on <https://www.healthychildren.org/English/family-life/health-management/Pages/Nonemergency-Acute-Care-AAP-Policy-Explained.aspx>. As such, its writing targets parents and other caregivers. Please check this page periodically for updates; the AAP may revise this information as further evidence and experience become available.*

The AAP believes that all children deserve high-quality medical care. There are well-accepted guidelines for the treatment of common illnesses, which we call “best practices.” We think it is important for families to be aware of the current guidelines so that you can be sure that your child gets the most appropriate care. It is equally important that you understand that there may be reasons why your medical provider may make different recommendations for your child, especially if your child has an ongoing medical condition or allergy. You can help your child to get the best care by starting with your medical home and the doctors and providers who know your child best. If you don’t have a medical home where your child receives regular check-ups, immunizations, and

management of your child’s health, we suggest that you do the following:

- Call your local hospital and get the contact information for pediatricians accepting new patients in their practice.
- Look for a board-certified pediatrician here by putting in the first 3 numbers of your zip code.
- Call your health insurance plan (number on the card) and ask them to help you find one.
- If your child is seen by someone other than his/her medical home, it is very important that you provide accurate and complete medical information so that the examining provider can give the most appropriate care. For example, bring information to the examining provider about whether your child’s immunizations are up to date, if they have any allergies to medications, what medications they are using now and in the past, and if they have asthma, diabetes, or other medical conditions.
- Request that information regarding the visit be sent to your medical home to ensure the doctors/provider who know you best are able to maintain a complete picture of your child’s care.

It is important for parents and caregivers to know that antibiotics are medicines used to treat bacterial infections. Antibiotics do not cure or treat viruses. Viruses need to run their course, and full recovery takes some time. Although your child may feel miserable, there are ways to help alleviate the symptoms. Before prescribing an antibiotic, it is important to find out if it is the right medicine to treat the child’s infection.

Learn more here. If your child is given antibiotics, be sure to follow these guidelines.

The following are best-practice guidelines that pediatricians use to care for the majority of children. These guidelines change as we learn more about how to provide the best care. We encourage parents and caregivers to bookmark this page and check back for updates.

1. Most sore throats in children are caused by viruses and are not treated with antibiotics. If your child receives antibiotics for strep throat, a laboratory test should be done before treatment to confirm that antibiotics are necessary. Strep throat cannot be accurately diagnosed by simply looking at the throat. Steroids (eg, prednisone) are not appropriate for the large majority of children with sore throats.
2. Not all ear pain is caused by middle ear infections or “otitis media.” An examination of the ears is necessary to make an accurate diagnosis. Even when true otitis media is diagnosed, many of these ear infections are caused by viruses. Viruses are not treated by antibiotics. If your child’s ear infection is accompanied by a high fever or involves both ears, or your child has other concerning signs on examination, the provider may choose to treat with antibiotics. Amoxicillin is the preferred antibiotic in most cases (exceptions include penicillin allergy and chronic or recurrent infections). View the clinical practice guideline.

3. In children who are suspected of having a bladder infection, also called a urinary tract infection or UTI, a urine specimen should be obtained and sent for culture before starting antibiotic therapy. Adjustments to antibiotic treatment may be made depending on the bacteria identified. Make sure to follow up with the examining provider regarding laboratory results. View the clinical practice guideline.
4. In most children with skin infections, a culture should be obtained to make sure that the most-appropriate antibiotic is chosen. If your child has a history of MRSA (also called “staph”) or other resistant bacteria or they have been exposed to other family members or contacts with resistant bacteria, it is important to share this information with the examining provider. Make sure to follow up with the examining provider regarding laboratory results.
5. “Bronchitis” is a term that is confusing to many people. Chronic bronchitis that can occur in adults is not common in children. Many times the word “bronchitis” is used to describe a viral infection in the chest and does not require antibiotics.
6. Bronchiolitis is common in infants and young children during the cold/flu season. Bronchiolitis is most often caused by viruses and does not require antibiotics. The examining provider may hear “wheezing” in your child.

Current recommendations for most healthy patients with bronchiolitis are geared toward making your child comfortable and monitoring him or her closely for any difficulty breathing, difficulty eating, or dehydration. Medicines used for patients with asthma (eg, albuterol and steroids) are not indicated for most infants and young children with bronchiolitis. Infants/children who were born prematurely or have underlying health problems may be treated differently. View the clinical practice guidelines.

7. Pain relief for children is often best accomplished with acetaminophen or ibuprofen. It is important that your child receive appropriate dosing for these medicines based on recent weight. Dosing should be discussed with the examining provider. Narcotic pain medications are not appropriate for most children with common injuries or complaints such as sprained ankle, ear pain, or sore throats. Codeine should never be used for children since the variation in its metabolism to morphine may vary from no effect on pain level to dangerously high levels associated with respiratory depression or even death.
8. Colds (often called upper respiratory infections or URIs) are caused by viruses. Antibiotics are not appropriate for children diagnosed with URIs. Green mucus in the nose is not in itself an indication that antibiotics are needed. Many young children,

especially those in daycare, get 6 to 8 colds per year, and symptoms of a cold (including runny nose, congestion, and cough) may last a week or more. View the clinical practice guidelines.

9. Bacterial sinusitis occurs in children when cold-like symptoms (nasal discharge, daytime cough, or both) last >10 days and symptoms are not improving. This condition is often accompanied by thick yellow nasal discharge and a fever for at least 3 or 4 days in a row. If these and other related symptoms persist, then antibiotics may be indicated. View the clinical practice guidelines.
10. Cough medicine is not recommended for children 4 years of age and younger, or for children 4 to 6 years of age unless advised by a pediatrician. Studies have consistently shown that cough medicines do not work in the 4-years-and-younger age group and have the potential for serious side effects. Cough medicines with narcotics such as codeine should not be used in children. Home remedies can be found here. View the AAP list of commonly used tests and treatments to question and information for parents and caregivers on over-the-counter cough medicine.

If you have any questions about appropriate care for your child, please discuss them with the provider in your medical home and/or with the examining provider.