



# MOLINA HEALTHCARE OF WASHINGTON

## JUDICIOUS USE OF ANTIBIOTICS CLINICAL PRACTICE GUIDELINE

Molina Healthcare of Washington has reviewed its Antibiotics Clinical Practice Guideline. The current guideline is based on CMA Foundation AWARE (California Medical Association Foundation Alliance Working for Antibiotic Resistance Education). The recommendations were adopted by the Molina Healthcare of Washington Clinical Quality Improvement Committee on March 27, 2002, March 24, 2004, March 22, 2006, March 27, 2008, March 26, 2009, March 25, 2010, March 24, 2011, June 28, 2012, June 27, 2013, February 13, 2014, March 12, 2015 and April 28, 2016, and April 19, 2017, March 9, 2018.

Adult: [Adult Acute Infection Guideline](#)

Pediatric: [Pediatric Acute Infection Guideline](#)

### 2017 Important Points on Antibiotics

In 2015, the [CMA Foundation AWARE](#) (California Medical Association Foundation Alliance Working for Antibiotic Resistance Education) released updated guidelines on the judicious use of antibiotics for acute respiratory tract infections in both adult and pediatric populations. These clinical practice guidelines addressed indications for the use of antibiotics for the following conditions: 1) Acute Bacterial Sinusitis; 2) Pharyngitis; 3) Nonspecific cough illness/Acute Bronchitis/Pertussis; 4) Nonspecific URI; 5) Outpatient Community Acquired Pneumonia; 6) Otitis and 7) Cellulitis/Abscess (added to guidelines in 2015).

### Adult Guidelines

- 1) **Acute Bacterial Sinusitis:** no changes noted between guidelines of 2014 and 2015. Once again, nearly all cases of acute sinusitis are expected to resolve without antibiotics. The 2015 guidelines once again recommend treatment with antibiotics for those with moderate symptoms not improving after 10 days, or who worsen after 5-7 days and in those with severe illness. Recommended duration of treatment and antibiotics of choice have not changed.
- 2) **Pharyngitis-**no changes noted between guidelines of 2014 and 2015. Guidelines once again emphasize that most cases are caused by viruses. Antibiotic treatment may be indicated in those who have symptoms of sore throat along with fever and headache.
- 3) **Nonspecific Cough/Acute Bronchitis/Pertussis-**no changes noted between guidelines of 2014 and 2015. Once again the guidelines stress that 90% of cases of nonspecific cough and acute bronchitis are nonbacterial in nature so that antibiotics should be used only for patients with chronic bronchitis or other comorbid conditions. Pneumonia and Pertussis may need to be ruled out in those with severe symptoms.

- 4) **Nonspecific URI**-no changes noted between guidelines of 2014 and 2015. Caused by viruses so antibiotic treatment is not indicated and symptomatic treatment and education of patient on why antibiotics are not indicated is key.
- 5) **Outpatient Community Acquired Pneumonia**-no changes noted between guidelines of 2014 and 2015.
- 6) **Cellulitis/Abscess**-newly added to guidelines in 2015. Nearly all cases of cellulitis are secondary to streptococcal species and antibiotic treatment is indicated. Abscess is typically caused by Staph organisms (including MRSA) and treatment is primarily through incision and drainage, along with antibiotics if there is surrounding cellulitis. Antibiotics of choice include: Cephalexin, Cefadroxil, Dicloxacillin, Clindamycin, and Bactrim.

### **Pediatric Guidelines**

- 1) **Acute Bacterial Sinusitis**- as in adults, no changes in 2015 and guidelines continue to stress that nearly all cases of acute bacterial sinusitis in children are due to viruses so that antibiotics are not indicated (except in those with moderate symptoms that do not improve after 10 days or worsen after 5-6 days or in those with severe symptoms).
- 2) **Otitis Media**-no changes in 2015.
- 3) **Pharyngitis, Nonspecific Cough Illness, Bronchitis, Pertussis , Bronchiolitis** -no changes in 2015.>90% of cases of nonspecific cough and bronchitis are due to respiratory viruses so that antibiotics are not indicated. Antibiotics are indicated if diagnosed with Pertussis or pneumonia.
- 4) **Cellulitis/Abscess**-newly added to guidelines in 2015. As in adults, cellulitis is almost secondary to Strep while abscess is usually caused by staph so that antibiotics and incision and drainage are indicated.

**Recommendation:** Recommend that the Committee approve the 2015 CMA Foundation AWARE Adult and Pediatric Acute Respiratory Tract Infection Clinical Practice Guideline