

Viral Upper Respiratory Infection and Acute Bronchitis Communication Script

Table 1: Talking to Adult Patients about Viral Upper Respiratory Infections and Acute Bronchitis

	Strategy	Example
Examine	<p>Review physical exam findings and deliver a clear diagnosis.</p> <p>Be aware of terms used when delivering or discussing diagnosis.</p>	<p>“Your ears look good and your lungs sound clear which is good news. Your throat is a bit red but nothing that warrants concern. It looks like you have a nasty cold.”</p> <p>Patients are less likely to expect antibiotics for “chest colds” or “an acute cough” than for “bronchitis.”</p>
Empathize	<p>Validate the patient’s symptoms and illness while providing reassurance.</p>	<p>“These colds can make you feel pretty awful, but thankfully, they aren’t dangerous.”</p>
Explain	<p>Choose terms carefully.</p> <p>Start with negative treatment recommendations to “rule out” the need for antibiotics.</p> <p>Explain what viruses are “making the rounds.”</p> <p>Provide positive treatment recommendations for symptom relief. (Patients are willing to hear antibiotics are not needed if the message is combined with how to help them feel better.)</p> <p>Set realistic expectations and create a contingency plan.</p>	<p>Use “chest cold” instead of “bronchitis” or “viral upper respiratory infection” for “sinusitis.”</p> <p>“I’m happy to tell you that you do not need an antibiotic. The strep test is negative, meaning your sore throat is caused by a virus, and antibiotics won’t help.”</p> <p>“I have seen several patients with symptoms like yours this week.”</p> <p>“There are lots of things you can do to help with your symptoms...”</p> <p>“Taking ibuprofen and drinking plenty of fluids will help you feel better.”</p> <p>“Your cough may last from several more days to several weeks, and it may take a while for you to feel better. I want you to seek care if you’re still coughing after three weeks, or if you begin coughing blood.”</p>
Educate	<p>If patients push for antibiotics, discuss facts about viral infections and antibiotics, including adverse effects.</p>	<p>“Antibiotics kill bacteria, not viruses. Chest colds, most coughs, and sore throats are caused by viruses. Antibiotics will not cure a virus or help you feel better faster.”</p> <p>“Our goal is to help your body fight the virus. Taking antibiotics can be harmful by destroying the good bacteria that protect your body. And when you use antibiotics if you don’t need them, the next infection you get is more likely to be resistant to the medicine, so it won’t work when you do need it.”</p>

Table 2: Talking Points for Patient Counseling

Question/Concern	Recommendation/Answer
<p>“I have thick green mucous. Doesn’t this mean I need an antibiotic?”</p>	<p>Explain that this is a normal response and doesn’t mean antibiotics are needed:</p> <p>“Mucous is how your body clears germs like viruses from your body. At first it is clear and it can become white or yellow and even green. This is normal and doesnot mean you need an antibiotic.”</p>
<p>“What can I do to feel better?”</p>	<p>Provide positive treatment recommendations for symptom relief:</p> <p>“There are lots of things you can do to help with your symptoms. Getting rest and drinking plenty of fluids can help you feel better.”</p> <p>“If you have a cough, studies show that honey works better than over-the-counter cough medicine at reducing how much you cough and how severe it is.”</p>
<p>“My cough isn’t going away or getting better. How long will this last?”</p>	<p>Create a contingency plan:</p> <p>“Your cough may last from several more days to several more weeks, and it may take a while for you to feel better. I want you to call the office if you’re still coughing after 3 more weeks, or if you begin coughing blood.”</p>
<p>“Why didn’t my provider give me an antibiotic?”</p>	<p>If patients push for antibiotics, explain why they don’t help and might hurt:</p> <p>“Antibiotics kill bacteria, but they don’t treat viruses. Our goal is to help your body fight this virus. Taking antibiotics can be harmful by destroying good bacteria that help to protect your body. If you take antibiotics when they are not needed, they can cause side effects, allergic reactions, and bacteria in your body can become resistant so the next time you need an antibiotic it may not work.”</p>
<p>“Why shouldn’t I take an antibiotic now to prevent a bacterial infection?”</p>	<p>Explain that it is not common for a viral infection to lead to a bacterial infection, therefore, the antibiotic will cause more harm than good:</p> <p>“Most viral infections don’t lead to a bacterial infection. If you take an antibiotic now, it can lead to resistance and then the antibiotic won’t work later when it is needed. It is better to wait until it is clear that you have a bacterial infection and it is needed.”</p>
<p>“How do I prevent getting sick like this again in the future?”</p>	<p>Emphasize preventative measures and good hygiene practices:</p> <p>“Wash your hands often and especially after using the restroom, coughing, sneezing, or blowing your nose. Also, wash your hands before eating or touching your eyes.”</p> <p>“Stay at least 6 feet away from people who are sick if you can.”</p> <p>“Stay up-to-date with your routine vaccinations.”</p> <p>“If you smoke, consider quitting.”</p> <p>“Get plenty of sleep every night and keep a healthy diet.”</p>

Table 3: Symptomatic Relief Recommendations

Symptom or Concern	Recommendations	Follow Up/Seek Care	OTC Considerations
General advice	<ul style="list-style-type: none"> • Get plenty of rest. • Drink plenty of fluids. • Avoid smoking, secondhand smoke, and pollutants. 	<ul style="list-style-type: none"> • Any symptoms that aren't improving by 14 days – most people start feeling slightly better within 10 days. • You become dehydrated. • You faint or feel like passing out. 	
Cough	<ul style="list-style-type: none"> • Use a clean humidifier or cool mist vaporizer. • Breathe in steam from a bowl of hot water or shower. • Use non-medicated lozenges. • Use an extra pillow to lift your head at night. 	<ul style="list-style-type: none"> • Cough starts suddenly and goes for an hour without stopping. • Cough with wheezing. • Cough with difficulty breathing or chest pain. • Cough lasting longer than 3 weeks. • Cough up blood. 	<ul style="list-style-type: none"> • Honey: 1-2 teaspoons by itself or mixed with lemon in hot water and prior to bedtime. • Menthol (e.g., Vicks VapoRub) • Cough suppressant (dry cough only, don't suppress productive coughs) <ul style="list-style-type: none"> ○ Dextromethorphan (e.g., Robitussin, Delsym) • Expectorant (moist cough) <ul style="list-style-type: none"> ○ Guaifenesin (e.g., Robitussin ChestCongestion, Mucinex) ○ Guifenesin w/dextromethorphan (e.g., Robitussin DM, Mucinex DM)
Sore throat	<ul style="list-style-type: none"> • Soothe with ice chips, popsicles, or lozenges. • Use a clean humidifier or cool mist vaporizer. • Gargle with warm salt water. • Drink warm beverages. 	<ul style="list-style-type: none"> • Sore throat without cold symptoms. • Sore throat with a fever, headache, sunburn-like rash, vomiting, or stomachache. • Sore throat that is so severe it is hard to swallow. 	<ul style="list-style-type: none"> • Acetaminophen, ibuprofen, or naproxen • Sore throat spray (e.g., Chloraseptic Spray) • Lozenges: <ul style="list-style-type: none"> ○ Menthol (e.g., Halls, Vicks, Luden's) ○ Benzocaine (e.g., Cepacol)
Ear pain	<ul style="list-style-type: none"> • Put a warm moist cloth over the ear that hurts. 	<ul style="list-style-type: none"> • Ear pain with fever or that interferes with sleep and activities. • Ear pain without fever that is not improving after two days. 	Acetaminophen, ibuprofen, or naproxen
Stuffy nose	<ul style="list-style-type: none"> • For a red, raw nose, put petroleum jelly or salve on the exterior. 	<ul style="list-style-type: none"> • If symptoms are severe or don't improve after about 10 days. 	<ul style="list-style-type: none"> • Pseudoephedrine (e.g., Sudafed) • Decongestant nasal spray (Do not use for more than three days.) <ul style="list-style-type: none"> ○ Oxymetazoline (e.g., Afrin, Zycam) ○ Phenylephrine (e.g., Neo-Synephrine, Sudafed PE)

Runny nose	<ul style="list-style-type: none"> • Use a room humidifier. • Use an extra pillow to lift your head at night. • Use saline nasal spray or sinus irrigation (e.g., Neti Pot). 	<ul style="list-style-type: none"> • If symptoms of rhinorrhea are severe or don't improve after about 10 days. 	<ul style="list-style-type: none"> • Diphenhydramine (e.g., Benadryl) • Chlorpheniramine (e.g., ChlorTabs, Chlor-Trimeton) • Loratadine (e.g., Claratin, Alavert) • Cetirizine (e.g, Zyrtec) • Fexofenadine (e.g, Allegra) • Steroid nasal spray <ul style="list-style-type: none"> ○ Fluticasone (e.g., Flonase) ○ Triamcinolone (e.g., Nasacort) ○ Budesonide (e.g., Rhinocort)
Sinus pain or pressure	<ul style="list-style-type: none"> • Put a warm compress over the nose and forehead to help relieve sinus pressure. • Use a saline nasal spray or rinse your sinuses with salt water. • Breathe in steam from a bowl of hot water or shower. 	<ul style="list-style-type: none"> • Stuffy nose that isn't improving after about 10 days. • Stuffy nose with other symptoms that seem severe (e.g., high fever, ear pain, cheekpain). 	<ul style="list-style-type: none"> • Acetaminophen, ibuprofen, or naproxen • Pseudoephedrine (e.g., Sudafed) • Decongestant nasal spray (Do not use for more than three days.) <ul style="list-style-type: none"> ○ Oxymetazoline (e.g., Afrin, Zycam) ○ Phenylephrine (e.g., Neo-Synephrine, Sudafed PE)
Breathing problems	<ul style="list-style-type: none"> • Breathe in steam from a bowl of hot water or shower. • Use an extra pillow to lift your head at night. 	<ul style="list-style-type: none"> • Unusually fast or shallow breathing. • Distress with breathing. • Skin between the ribs or below the throat pulling in with each breath. • Bluish color in the lips or fingernails. 	<ul style="list-style-type: none"> • Menthol (e.g., Vicks VapoRub) • Pseudoephedrine (e.g., Sudafed) • Decongestant nasal spray (Do not use for more than three days.) <ul style="list-style-type: none"> ○ Oxymetazoline (e.g., Afrin, Zycam) ○ Phenylephrine (e.g., Neo-Synephrine, Sudafed PE)
Fever or muscle aches	<ul style="list-style-type: none"> • Cool compress on the forehead. • Warm compress on sore muscles. 	<ul style="list-style-type: none"> • Fever and/or chills lasting more than two days, worsening, or not improving. 	Acetaminophen, ibuprofen, or naproxen

References

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