**Reference Articles**

Otis Media:

Nonspecific Gargle Illness/Bronchiolitis/Pertussis:

Pharyngitis:

Acute Bacterial Sinusitis:

Cellulitis and Abscesses:

Pharyngitis:

Cellulitis and Abscesses:

Urinary Tract Infection:

Guidelines Reviewed:

Pediatric Infections:

Guidelines Reviewed:

PEDIATRIC

**FOR MORE INFORMATION OR ADDITIONAL MATERIALS, VISIT WWW.AWARE.MD.**
When NOT to Treat with an Antibiotic:  
Acute Otitis Media

- Use should be reserved for moderate symptoms not improving after 10 days, or that are worsening.

When NOT to Treat with an Antibiotic:

- >90% of cases caused by routine respiratory viruses
- Antibiotics are generally not indicated.

When to Treat with an Antibiotic:

- Abscess
- Cellulitis
- Cellulitis is almost always secondary to staphylococcal species. Treatment can be directed normally.
- Abscesses are often secondary to Staphylococcus aureus – including methicillin-resistant Staphylococcus aureus (MRSA). The treatment is primarily drainage and this is required for larger abscesses. If surrounding cellulitis, treatment should be broadened to cover MRSA. Cultures should be obtained.

When To Treat with an Antibiotic:

- Cellulitis
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- <102°F (38°C) <3 days, rhinorrhea, nasal congestion; self-limited typically 5-14 days.

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