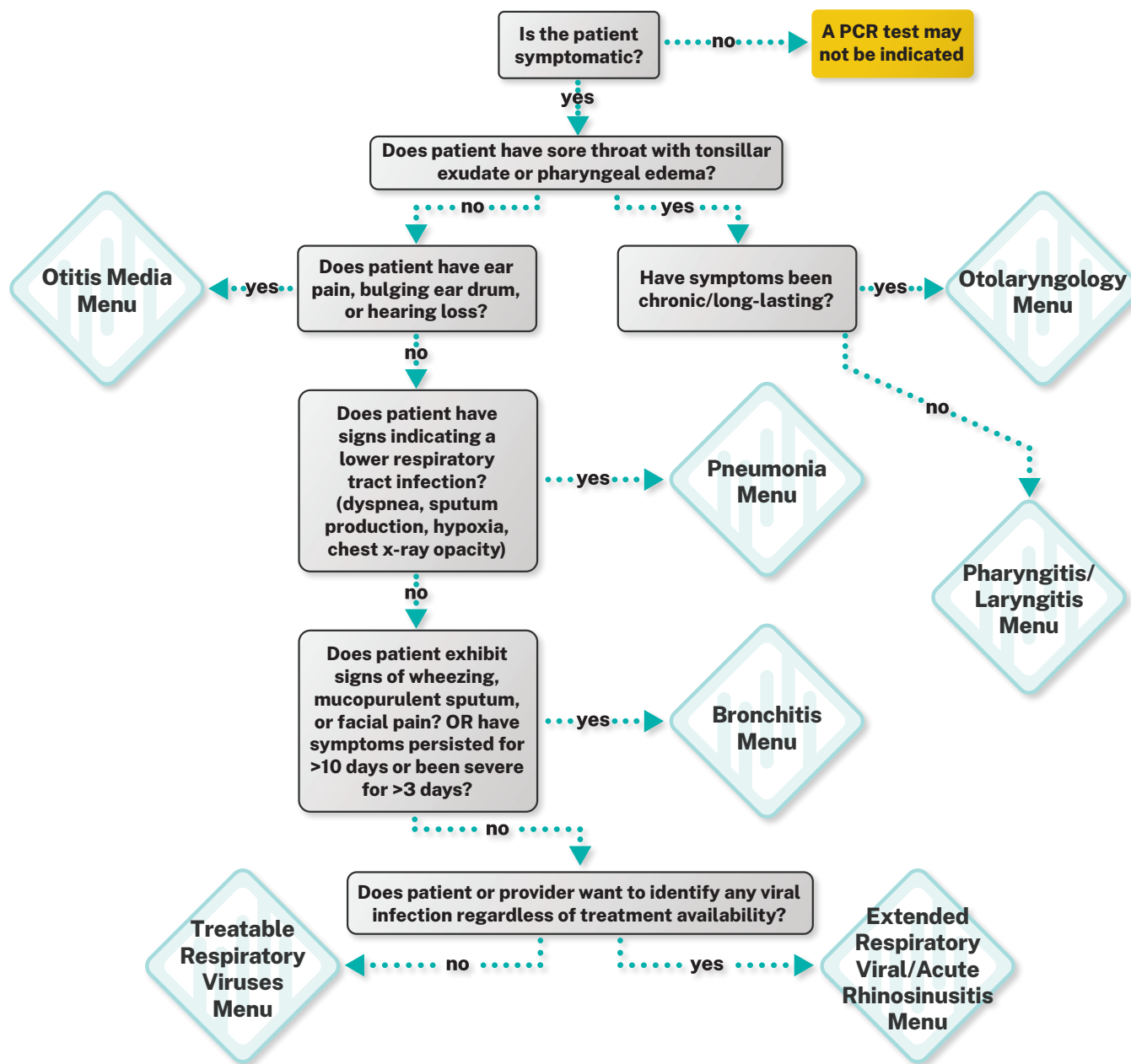
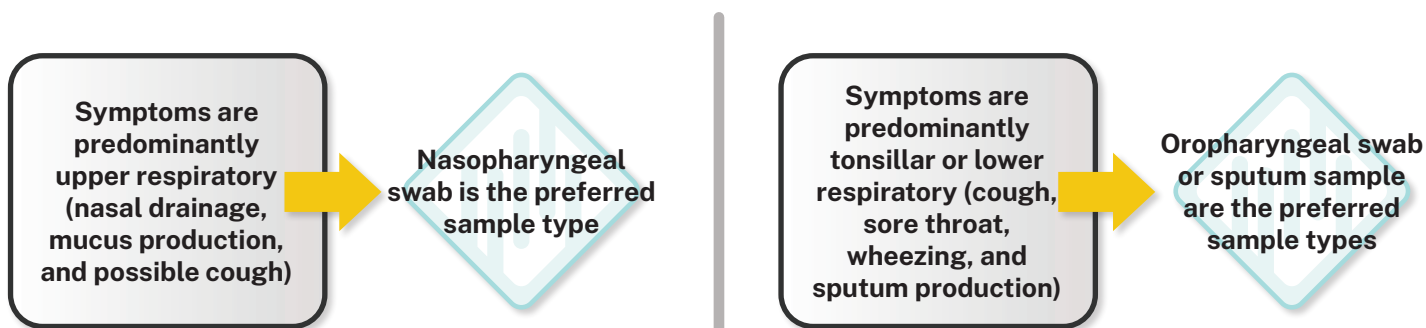


Respiratory Infection Menu Selection Guide



How to select the right sample type for your patient:



These are recommendations only. Providers should always use their best clinical judgement.

Respiratory Infection Menu Selection Guide



Classification of Microorganisms

Pathogenic		
Recommended to Treat	Recommended to Treat if Patient is High-Risk	Supportive Care
Chlamydia pneumoniae Legionella pneumophila Mycoplasma pneumoniae Streptococcus pyogenes (Group A Strep)	Influenza virus A, B Respiratory syncytial virus SARS-CoV-2 (COVID-19)	Adenovirus Coronavirus (229E, NL63, OC43, and HKU1) COVID-19 Coronavirus (SARS-CoV-2) Enterovirus D68 Epstein-Barr virus Human metapneumovirus Parainfluenza virus (types 1,2,3,4) Rhinovirus / Enterovirus

Common Colonizers (Can become pathogenic)	Uncommon in Immunocompetent Patients (Use clinical judgment when making treatment determination)
Haemophilus influenzae Moraxella catarrhalis Staphylococcus aureus Streptococcus agalactiae (Group B Strep) Streptococcus pneumoniae Streptococcus dysgalactiae (Group C & G Strep) Fusobacterium nucleatum, necrophorum	Acinetobacter baumannii Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes Escherichia coli Klebsiella pneumoniae, oxytoca Proteus mirabilis, vulgaris Pseudomonas aeruginosa Serratia marcescens

CDC Antibiotic Treatment Recommendations
Adult Outpatient¹ Acute rhinosinusitis/uncomplicated bronchitis: Watchful waiting is encouraged for uncomplicated cases where bacterial infection is established and for which reliable follow-up is available.
Pediatric Outpatient² Acute sinusitis: Watchful waiting for up to 3 days may be offered for children with acute bacterial sinusitis with persistent symptoms. Antibiotic therapy should be prescribed for children with acute bacterial sinusitis with severe or worsening disease.