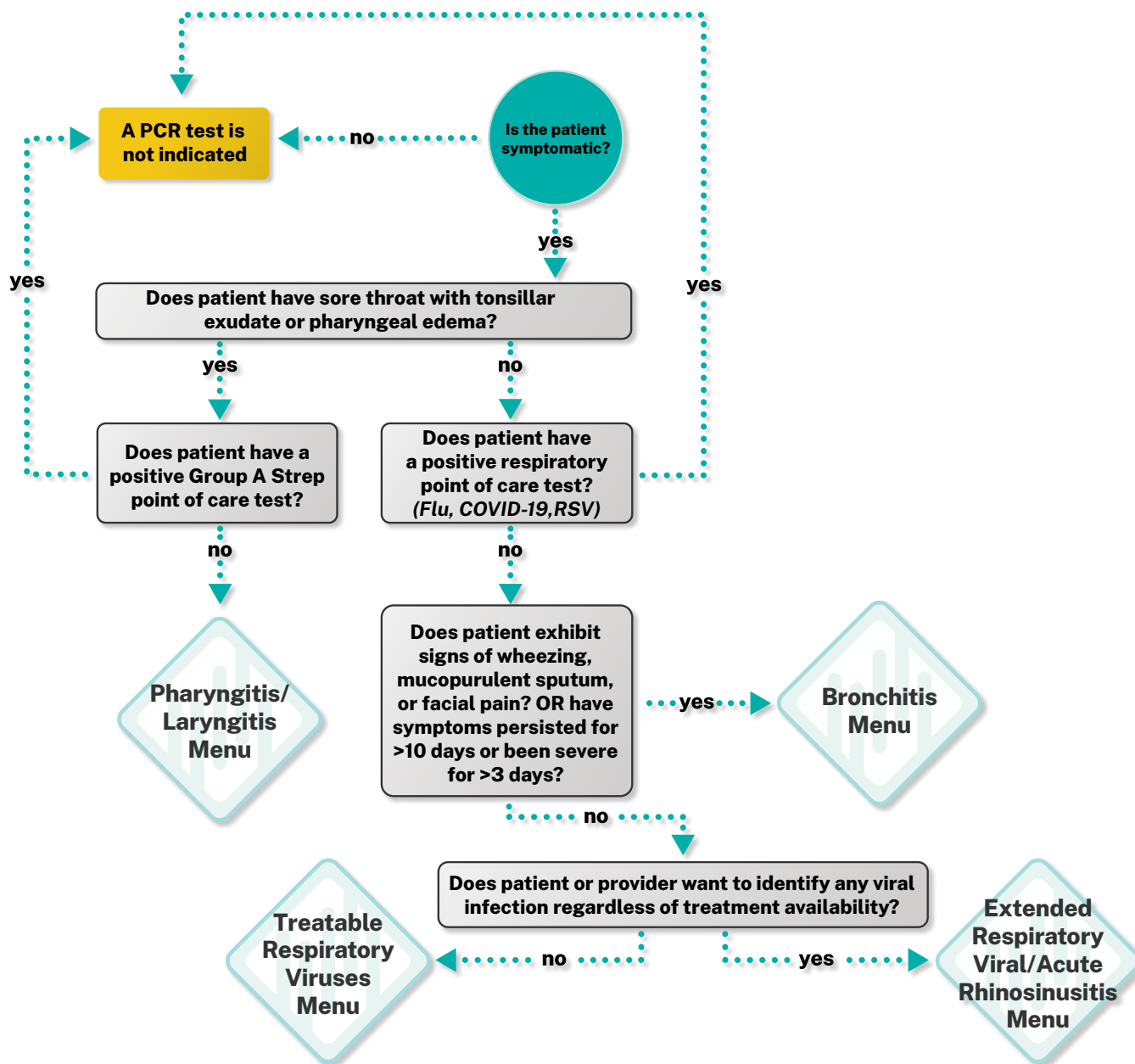
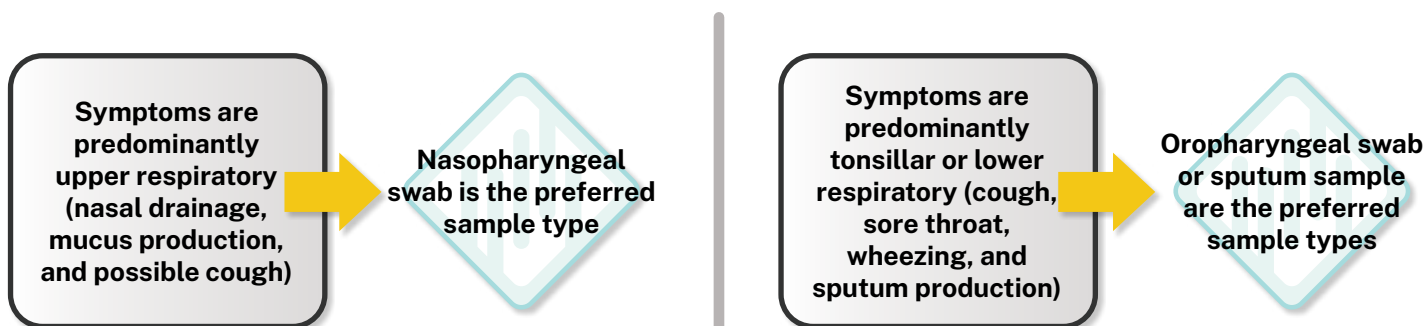


# Respiratory Infection Menu Selection Guide



## 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 Mycoplasma pneumoniae Streptococcus pyogenes (Group A Strep)	Influenza virus A, B SARS-CoV-2 (COVID-19)	Adenovirus 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)
Haemophilus influenzae Moraxella catarrhalis Streptococcus pneumoniae Streptococcus dysgalactiae (Group C & G Strep) Fusobacterium nucleatum, necrophorum

CDC Antibiotic Treatment Recommendations
<b>Adult Outpatient<sup>1</sup></b>  Acute rhinosinusitis/uncomplicated bronchitis: Watchful waiting is encouraged for uncomplicated cases where bacterial infection is established and for which reliable follow-up is available.
<b>Pediatric Outpatient<sup>2</sup></b>  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.