



UPPER RESPIRATORY INFECTIONS and PNEUMONIA

Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

Case definition

Pneumonia in children:

1. *Tachypnea* with calm respiratory rate (RR)>60 (age <2 months), RR>50 (if age 2-12 months), RR>40 (if age 12 months to 5 years)
2. Two of: chest pain, rales, fever at triage, O₂ saturation <97%
3. O₂ saturation <92%

Pneumonia in adults:

Acute onset productive cough PLUS

1. Any abnormal vital sign (temperature >38C, HR >100, RR >20, O₂ saturation <95%)
2. Pneumonia score >0 based on: All day sputum production (1), myalgias (1), night sweats (1), sore throat (-1), rhinorrhea (-2)

URI: Rhinorrhea, sneezing, low grade fever WITHOUT rapid breathing or respiratory distress

Sinusitis: Head congestion, facial pain, and purulent nasal discharge that progresses to productive cough. Suspect bacterial infection if worsening after 7-14 days

Pharyngitis: Sore throat with tender, enlarged lymph nodes

Acute bronchitis: Productive cough, fever, and rhonchi persisting for up to 14 days

Consider hospital referral for the following symptoms:

1. ANY pneumonia, fever, or wheeze in child <2 months
2. Child with pneumonia who is either: unable to drink at all (if age 2 months to 5 years) OR taking less than half of usual milk intake (if age <2 months) OR malnourished (any age)
3. First wheeze with respiratory distress OR chest indrawing and distress with child lying flat in mother's lap at rest (age 2-5 years)
4. Rest stridor
5. Unusually sleepy
6. Nasal flaring, grunting, or cyanosis

Clinical management

1. Nutrient and energy rich foods, including cereals, vegetables, meat or fish, and dairy products or eggs if available
2. Add vegetable oil to increase energy content of food
3. Encourage breastfeeding
4. Clear blocked nose using soft cloth, or apply saline nasal drops using moistened wick
5. Encourage fluids, tea, or hot water with honey (except children <12 months)
6. Hygiene practices to reduce transmission

Pharyngitis: Rapid strep or mono spot test if exudative
Antibiotics only if strep test positive or signs of bacterial infection

Pharmacologic management

Acetaminophen or NSAIDs for fever
Decongestants, antihistamine cough syrup

Antibiotic therapy

First line:

Amoxicillin (for sinusitis and pharyngitis)
Macrolide (for pneumonia and acute bronchitis) or TMP-SMX (pediatrics)
May add albuterol inhaler PRN

Second line: Macrolide (for sinusitis and pharyngitis)

Adapted from:

The management of acute respiratory infections in children: Practical guidelines for outpatient care. 1995. World Health Organization.

Pisarak, P and Montoya, C. When should a chest xray be used to evaluate acute onset productive cough in adults? Journal of Family Practice.