

| Ministry of Health Hospitals | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|
| Ras Eltin | Abou kir | Elgomhoreya | Elagamy | Elamreya | Bourg Elarab |
| 15 physicians | 15 physicians | 15 physicians | 15 physicians | 15 physicians | 15 physicians |
| 75 prescriptions | 75 prescriptions | 75 prescriptions | 75 prescriptions | 75 prescriptions | 75 prescriptions |
| Total of 90 physicians and total of 450 prescriptions | | | | | |

Appendix 1: The guidelines state that: These 450 prescriptions were assessed before and after the interventions. This means the overall number of prescriptions in our study before and after were 900 prescriptions.

| When to treat with Antibiotic | When not to treat with Antibiotic | Key diagnostic findings | Treatment |
|--|--|--|--|
| Diagnosis of acute bacterial sinusitis may be made with symptoms of viral URI (nasal discharge or daytime cough not improved after 10 days, severe illness with fever, purulent nasal discharge, facial pain) not improving after 10 days or that worsen after five to seven days. Diagnosis may include some or all of the following symptoms or signs: nasal drainage, nasal congestion, facial pressure or pain (especially when unilateral and focused in the region of a particular sinus), postnasal discharge, hyposmia, anosmia, fever, cough, fatigue, maxillary dental pain, ear pressure or fullness. | Nearly all cases of acute Bacterial sinusitis Resolve without antibiotics. Antibiotic use should be reserved for moderate symptoms not improving after 10 days or that worsen after five to seven days, and severe symptoms. | Nasal obstruction, anterior or posterior purulent nasal discharge, facial pain, cough , decreased sense of smell | Watchful waiting in mild cases; amoxicillin for severe or complicated bacterial rhinosinusitis |

Appendix 2a: Guidelines of Acute Sinusitis: (*S. pneumoniae*, nontypeable *H. influenzae*, *M. catarrhalis*), mainly viral pathogens

| When to treat with Antibiotic | When not to treat with Antibiotic | Key diagnostic findings | Treatment |
|---|--|---|---|
| <p><i>S. pyogenes</i> (group A streptococcal infection). Symptoms and signs: sore throat, fever, headache, nausea, vomiting, abdominal pain, tonsillopharyngeal erythema, exudates, palatal petechiae, tender enlarged anterior cervical lymph nodes. Confirm diagnosis with throat culture or rapid antigen testing; negative rapid antigen test results should be confirmed by culture.</p> | <p>Most pharyngitis cases are viral in origin. The presence of the following is uncommon with group A streptococcal infection and points away from using antibiotics: conjunctivitis, cough, rhinorrhea, diarrhea, and absence of fever.</p> | <p>Sore throat, fever, absence of cough</p> | <p>Treatment based on case severity</p> |

Appendix 2b: Guidelines of Acute Pharyngitis: *Streptococcus pyogenes*, routine respiratory viruses

| When to treat with Antibiotic | When not to treat with Antibiotic | Key diagnostic findings | Treatment |
|---|---|--|---|
| <p>Antibiotics not indicated in patients with uncomplicated acute bacterial bronchitis. Sputum characteristics not helpful in determining need for antibiotics. Treatment is reserved for patients with acute bacterial exacerbation of chronic bronchitis and COPD, usually smokers. In patients with severe symptoms, rule out other more serious conditions (e.g. pneumonia)</p> | <p>90% of cases are nonbacterial. Literature fails to support use of antibiotics in adults without history of chronic bronchitis or other comorbid condition.</p> | <p>Cough, possible phlegm production</p> | <p>Symptomatic treatment; antibiotics are not recommended</p> |

Appendix 2c: Guidelines of Acute Bronchitis: *Bordetella pertussis*, *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*