

ARTIC PC flow for Primary care recruiters (V1)

Ineligible Non infective, Croup (almost certain viral aetiology where antibiotics are not commonly prescribed), or meets guidance for NICE Sepsis or Fever guidance for urgent referral to hospital

Child aged 6m-12y presents with acute uncomplicated LRTI and is eligible for ARTIC PC ¹

- an acute cough as the predominant symptom
- lasting <21 days
- judged by the GP or Nurse Practitioner to be infective in origin
- with at least one other symptom suggesting infection (any of: a systemic symptom (diarrhoea, fever, raised temperature), coryza, sputum production, wheezing, sore throat, earache)
- with a symptom or sign localising to the lower tract (shortness of breath, sputum - or more likely in this age group audible secretions suggesting sputum).
- Parent/guardian willing and able to be contacted for follow up and complete symptom diary for up to 28 days

Ineligible for trial but eligible for cohort study

- the child is immune-compromised
- a history of antibiotic use in previous 30 days
- a clinical diagnosis of suspected pneumonia (focal rales, or low oxygen saturation)
- previous pneumonia
- Severe Asthma requiring long-term maintenance oral steroids (BTS Step 5) ¹

Explain trial and study

Declines randomisation continues into observational study

Agree to randomisation continues into trial

Explain observational study

Consent obtained (+/- assent)

Child enters observational study or trial

Complete CRF

Radiologist informs GP if consolidation, pleural effusion or interstitial pattern/infiltrate is seen (as a lacy pattern involving both lungs featuring peribronchial thickening and multiple areas of atelectasis - as per ARTIC PC SOP for the assessment and feedback of chest X-rays)

Optional finger prick blood test

Optional throat swab

Optional chest x-ray

Day 2 follow up by study team (any concerns raised by care giver advise to return to GP or NP)

Child/care giver completes diary

Day 28 follow up at surgery with Spirometry (age 6y+)

¹ Children with diagnosed asthma presenting with acute respiratory symptoms felt by their GP to be due to an acute respiratory infection and in whom antibiotics are being considered are eligible for the trial, other than those with the most severe asthma (on long-term oral steroids), who are eligible only for the observational study. Clinicians may prescribe oral steroids in addition to the study medication if clinically indicated and if the presentation suggests an infection-related asthma exacerbation. Children with less acute symptoms suggestive of undiagnosed asthma rather than acute infection are ineligible.