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**TOP 5 LIST IN PEDIATRICS**

August 2010

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**1. Don't obtain diagnostic images for minor head injuries without loss of consciousness or other risk factors.**

- Imaging low-risk patients rarely detects traumatic abnormalities and of the abnormalities detected, few, if any, require surgery
- Higher risk factors include dizziness, external signs of injury, changes in neurologic function, and dangerous mechanism of injury (e.g., bicycle-related injury, fall from 3 feet or more or 5 stairs), age younger than 2 years, Glasgow coma score less than 15, and evidence of basilar skull fracture (e.g., "raccoon eyes," hemotympanum)
- Early exposure to radiation poses a significant risk of radiation-attributed cancers—as high as 1 case in 1400 among infants exposed to cranial CT

Sources: AAP/AAFP Guidelines

**2. Advise parents not to use cough and cold medications.**

- There is little evidence that over-the-counter cough and cold medications reduce cough, rhinorrhea, or shorten the duration of illness. Rather, they can cause adverse consequences including death
- Yet, over 10% of children use a cough and cold medication every week

Sources: AAP, Cochrane, FDA

**3. Use inhaled corticosteroids to control asthma appropriately.**

- Use of controlling medication for persistent asthma reduces asthma exacerbations, ER visits, and hospital admissions
- Threshold: More than 4 wheezing episodes or 2 episodes requiring oral corticosteroids within 6 months
- Inhaled corticosteroids are relatively safe and well tolerated

Source: NAEP

**4. Don't prescribe antibiotics for pharyngitis unless the patient tests positive for streptococcus.**

- Most cases of pharyngitis are viral and will not respond to antibiotics, yet antibiotics are prescribed more than half the time
- Antibiotic use has potential risks to the patient, increases bacterial antibiotic resistance, and adds to health care expenses
- The absence of fever, cervical lymphadenopathy, tonsillar exudates, and the presence of cough suggest viral etiology; screening for strep may be unnecessary if these criteria are present
- Confirmation of strep infection is definitely necessary before antibiotic use can be justified

Sources: AHRQ, Cochrane, EE

**5. Don't refer otitis media with effusion (OME) early in the course of the problem**

- Many cases of OME resolve spontaneously within 3 months with no adverse consequences
- Reasons for early referral include craniofacial or neurological abnormalities, language delay or learning problems, and when structural abnormalities of the eardrum or middle ear are suspected

Sources: AAP/AAFP Guidelines, NICE

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**"Promoting Good Stewardship in Primary Care" is a project of the National Physicians Alliance and is funded by the American Board of Internal Medicine Foundation.**

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**Abbreviations:** AAP/AAFP (American Academy of Pediatrics/American Academy of Family Practice), ACPM (American College of Preventive Medicine), AHRQ (Agency for Health Care Research and Quality), EE (Essential Evidence), FDA (Food and Drug Administration), NAEPP (National Asthma Education and Prevention Program), NICE (National Institute for Health and Clinical Excellence)

**The Top 5 Lists in Primary Care: Meeting the Responsibility of Professionalism.** *Arch Intern Med.* 2011;171(15):1385-1390

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