



Top 10 Recommendations for Physicians



European Academy of Paediatrics
Paediatric Section of U.E.M.S

1

#Cough Medication: Do not recommend, prescribe or use cough medicines in children.

2

#Bronchiolitis: Do not routinely use steroids and bronchodilators in infants presenting with bronchiolitis.

3

#IV-Antibiotic Duration: Do not routinely prolong IV antibiotics to treat severe infections, but consider switching to the oral form as soon as the clinical condition has improved.

4

#Acute Otitis Media and Antibiotics: Do not routinely use antibiotics in children with acute otitis media when self-resolution is expected.

5

#Antibiotics in Neonates: Do not prescribe antibiotics for neonates without clinical signs of sepsis.

6

#Hospitalization of Febrile Infants: Do not routinely continue hospitalization in well-appearing febrile infants once bacterial cultures have been confirmed negative for 24 to 36 hours if adequate outpatient follow-up can be assured.

7

#Duration of Neonatal Antibiotics: Do not continue antibiotic therapy for suspected neonatal sepsis >36-48 hours without clear suspicion of bacterial infection.

8

#IgE Testing: Do not perform screening panels (IgE tests) for food allergies without a history consistent with a specific food allergy.

9

#Urine Culture: Do not request urine culture in febrile children older than 2 months with respiratory tract infection.

10

#Gastroesophageal Reflux: Do not routinely prescribe acid blockers and motility agents in infants with GER.





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