

# COVID-19 Community of Practice for Ontario Family Physicians

**Jan 19, 2024**

**Dr. Alon Vaisman  
Dr. Tasha Stoltz  
Dr. Daniel Warshafsky**



## ***COVID-19 Updates and Managing Respiratory Illness in Kids***



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# COVID-19 Updates and Managing Respiratory Illness in Kids

Moderator:

- Dr. Ali Damji, Division Head, Primary Care, Trillium Health Partners and Family Physician, Credit Valley Family Health Team, Mississauga, ON

Panelists:

- Dr. Alon Vaisman, Toronto, ON
- Dr. Tasha Stoltz, Kitchener, ON
- Dr. Daniel Warshafsky, Toronto, ON

Host:

- Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

"I'm so grateful that I can speak even a little bit of my language, which I'm not fluent enough [in] here, because in this business, Native actors used to speak their lines in English and then the sound mixers would [run them backwards](#) to accomplish Native languages on camera," said Gladstone. "This is an historic [award]. It doesn't belong to just me."

## Lily Gladstone is first Indigenous woman to win best actress in a drama at Golden Globes

'I'm so grateful that I can speak even a little bit of my language,' said Gladstone



[Jenna Benchetrit](#) · CBC News · Posted: Jan 08, 2024 2:59 PM EST | Last Updated: January 8



Lily Gladstone accepts the Golden Globe award for best female actor in motion picture (drama) for playing Osage woman Molly Kyle in Martin Scorsese's *Killers of the Flower Moon*. She is the first Indigenous actress to win the award. (Sonja Flemming/CBS/The Associated Press)

# Changing the way we work

## *A community of practice for family physicians during COVID-19*

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

### **Disclosure of Financial Support**

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

### **Potential for conflict(s) of interest:**

N/A

### **Mitigating Potential Bias**

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

*Planning Committee:* Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



## **Dr. Alon Vaisman – Panelist**

Infectious Diseases and Infection Control Physician,  
University Health Network



## **Dr. Tasha Stoltz – Panelist**

Pediatrician, Kitchener, ON



## **Dr. Daniel Warshafsky – Panelist**

Associate Chief Medical Officer of Health at the  
Office of the Chief Medical Officer of Health



## **Dr. Mekalai Kumanan – Host**

**Twitter: @MKumananMD**

President, Ontario College of Family Physicians  
Family Physician, Two Rivers Family Health Team  
Chief of Family Medicine, Cambridge, ON

# Speaker Disclosure

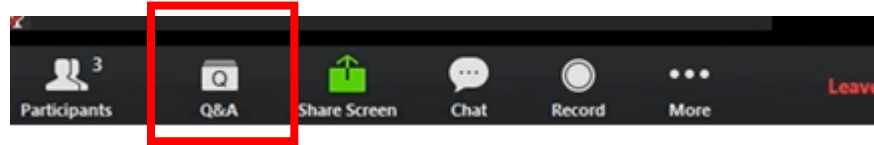
- Faculty Name: **Dr. Alon Vaisman**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Membership on advisory boards: N/A
  - Others: N/A
- Faculty Name: **Dr. Tasha Stoltz**
- Relationships with financial sponsors: McMaster University (Regional Education Lead – Undergraduate Pediatrics)
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Membership on advisory boards: N/A
  - Others: N/A

# Speaker Disclosure

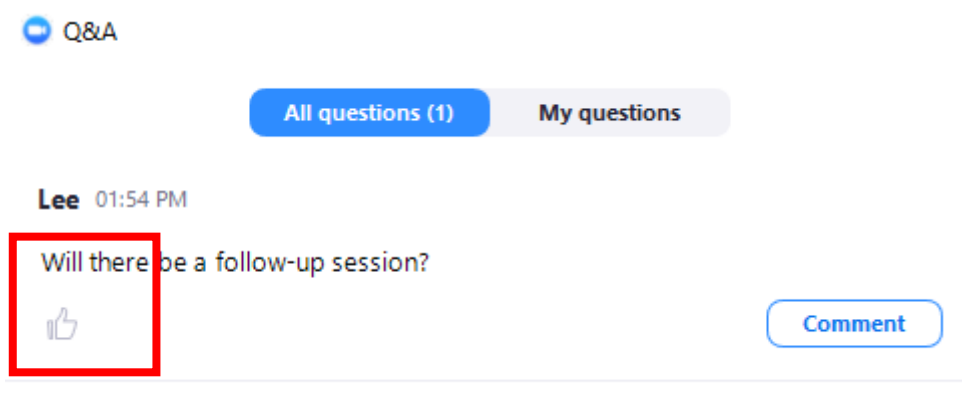
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

# How to Participate

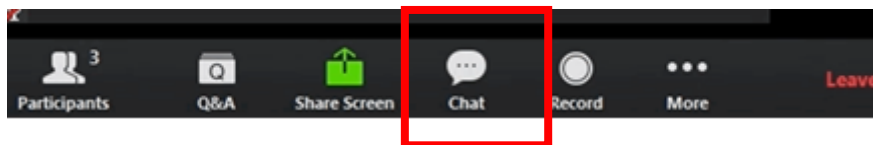
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





## **Dr. Alon Vaisman – Panelist**

Infectious Diseases and Infection Control Physician,  
University Health Network



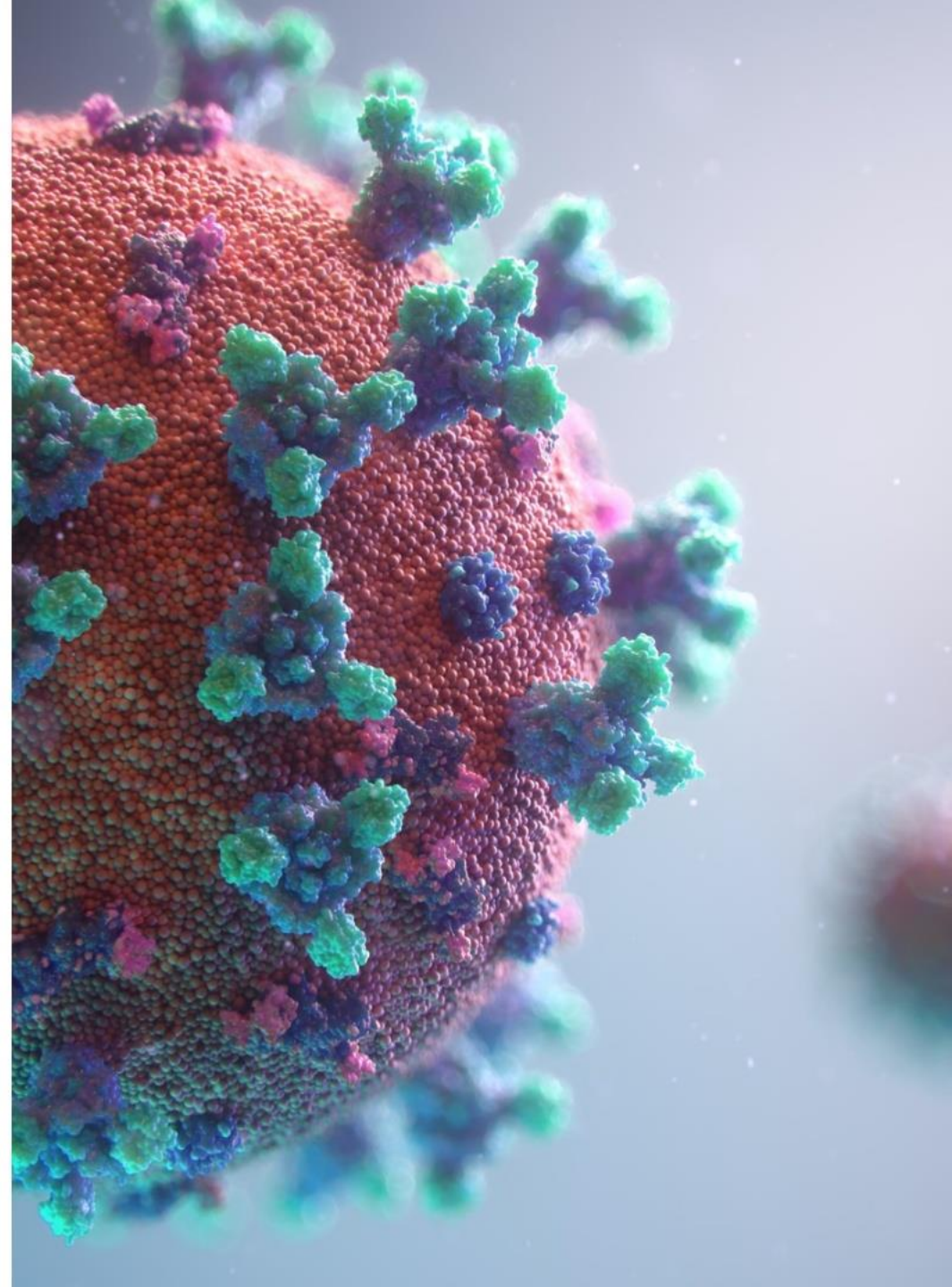
## **Dr. Tasha Stoltz – Panelist**

Pediatrician, Kitchener, ON

# The Current State of COVID

**Alon Vaisman MD MAS FRCPC**

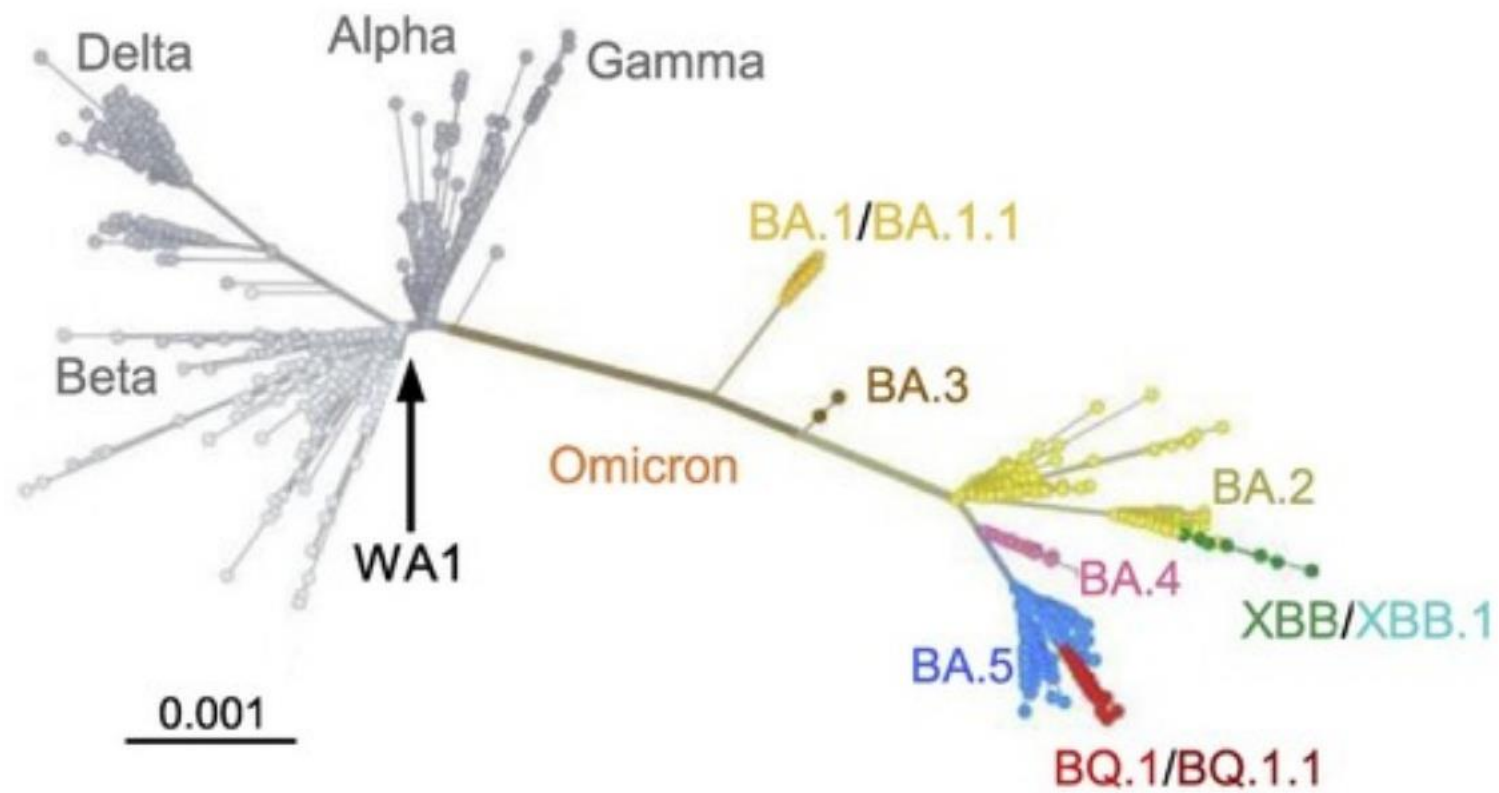
Hospital Epidemiologist, Infection Prevention and Control  
Infectious Disease Specialist  
University Health Network



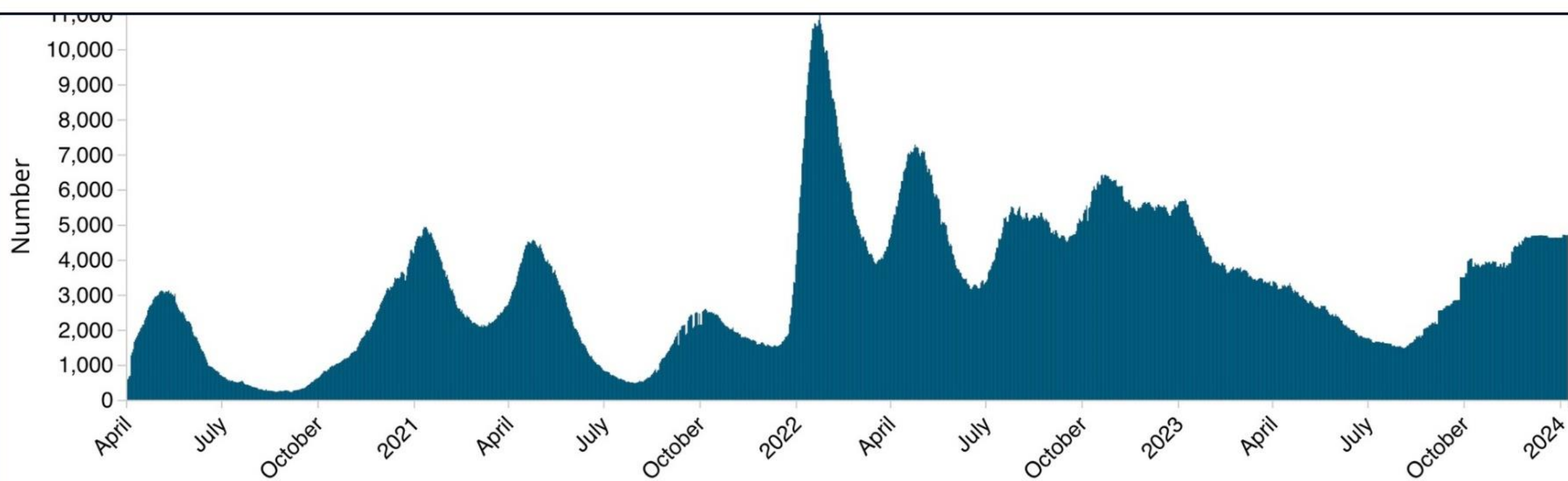
# OBJECTIVES

1 The current state of COVID variants, morbidity, treatments, and vaccines

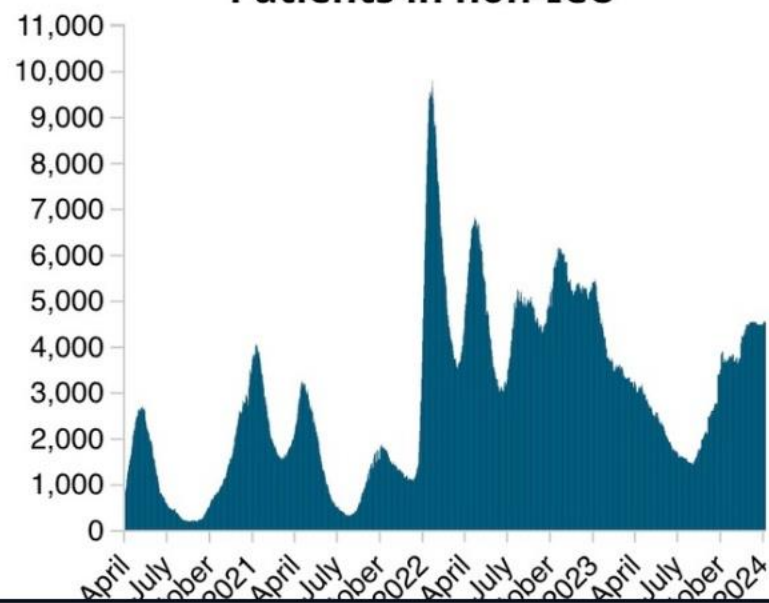
2 No words, just pictures!



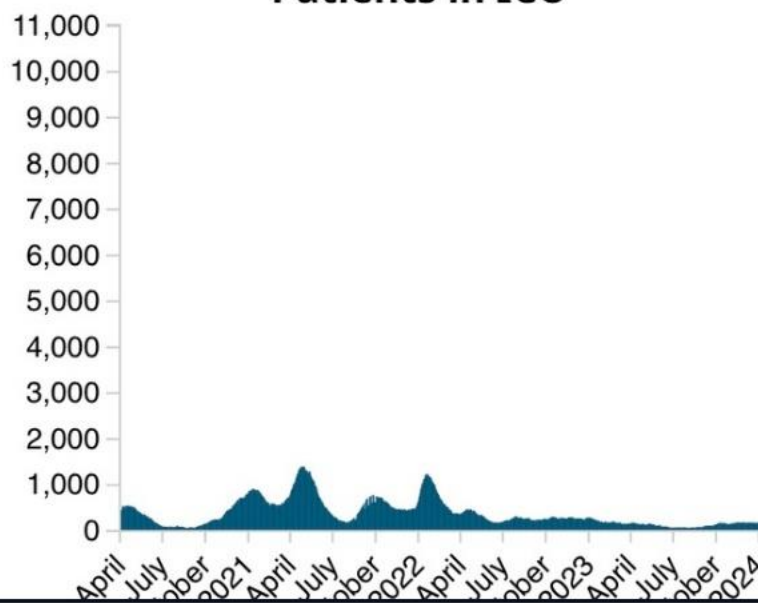




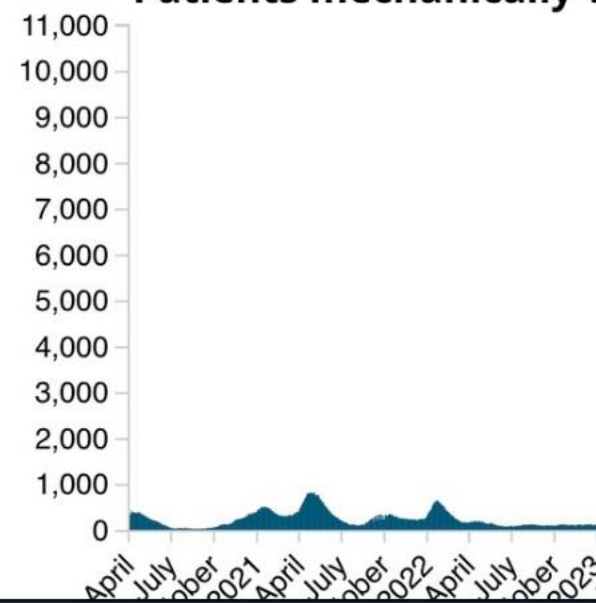
**Patients in non-ICU**

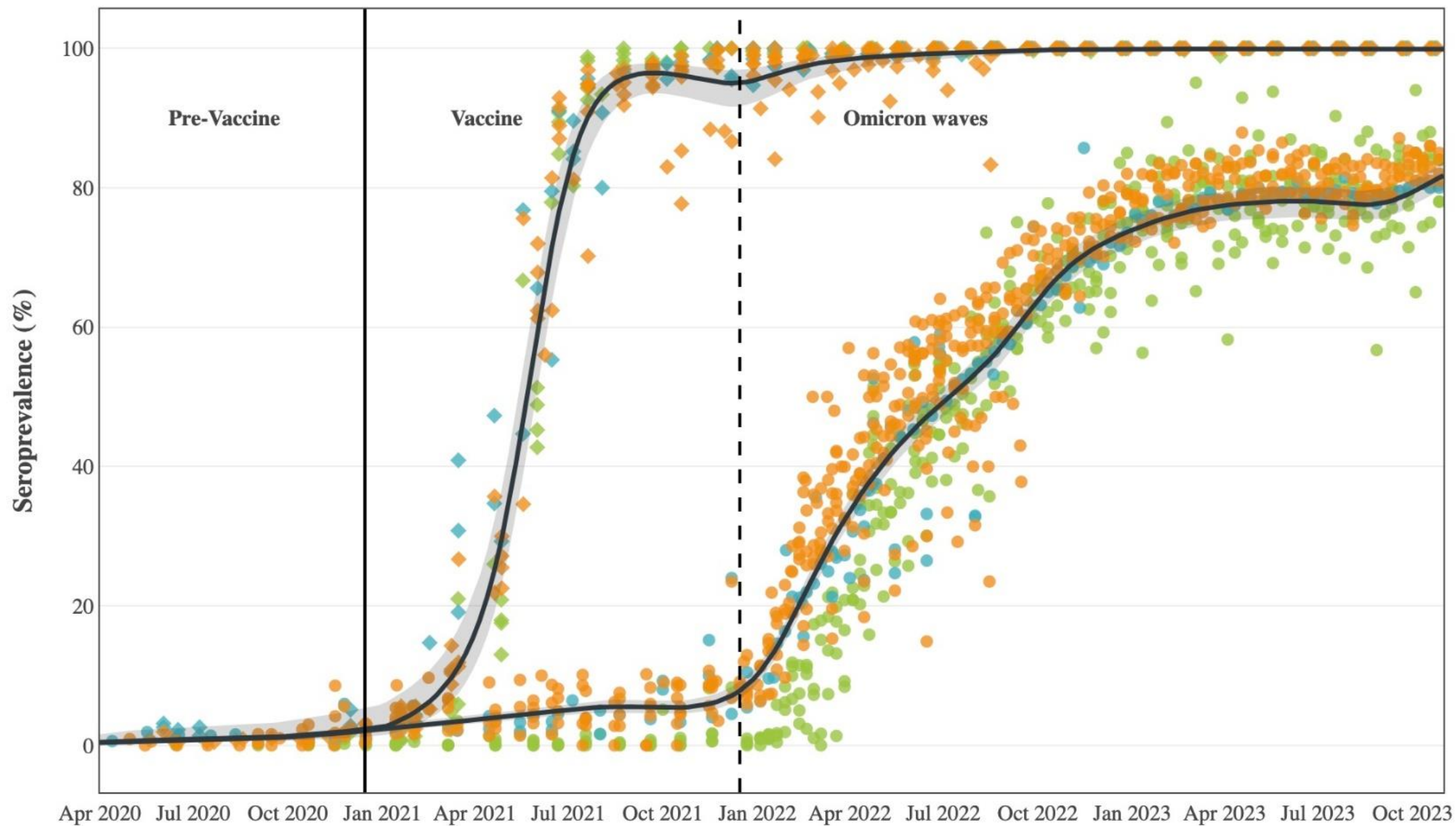


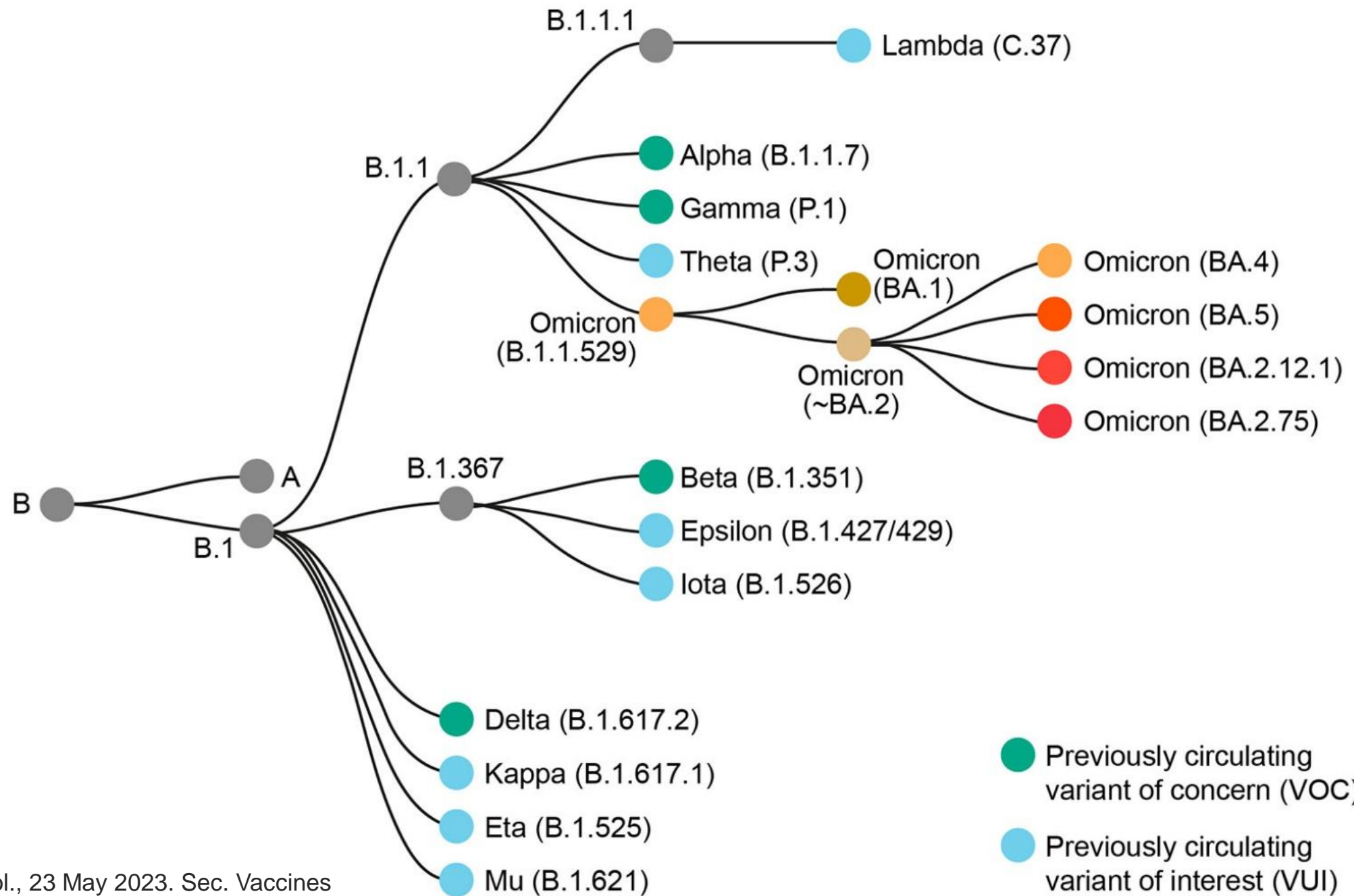
**Patients in ICU**



**Patients mechanically vented**







Percentage of samples sequenced

100%  
80%  
60%  
40%  
20%  
0%

Nov 05, 2023

Nov 12, 2023

Nov 19, 2023

Nov 26, 2023

Dec 03, 2023

Dec 10, 2023

Dec 17, 2023

Dec 24, 2023

Dec 31, 2023

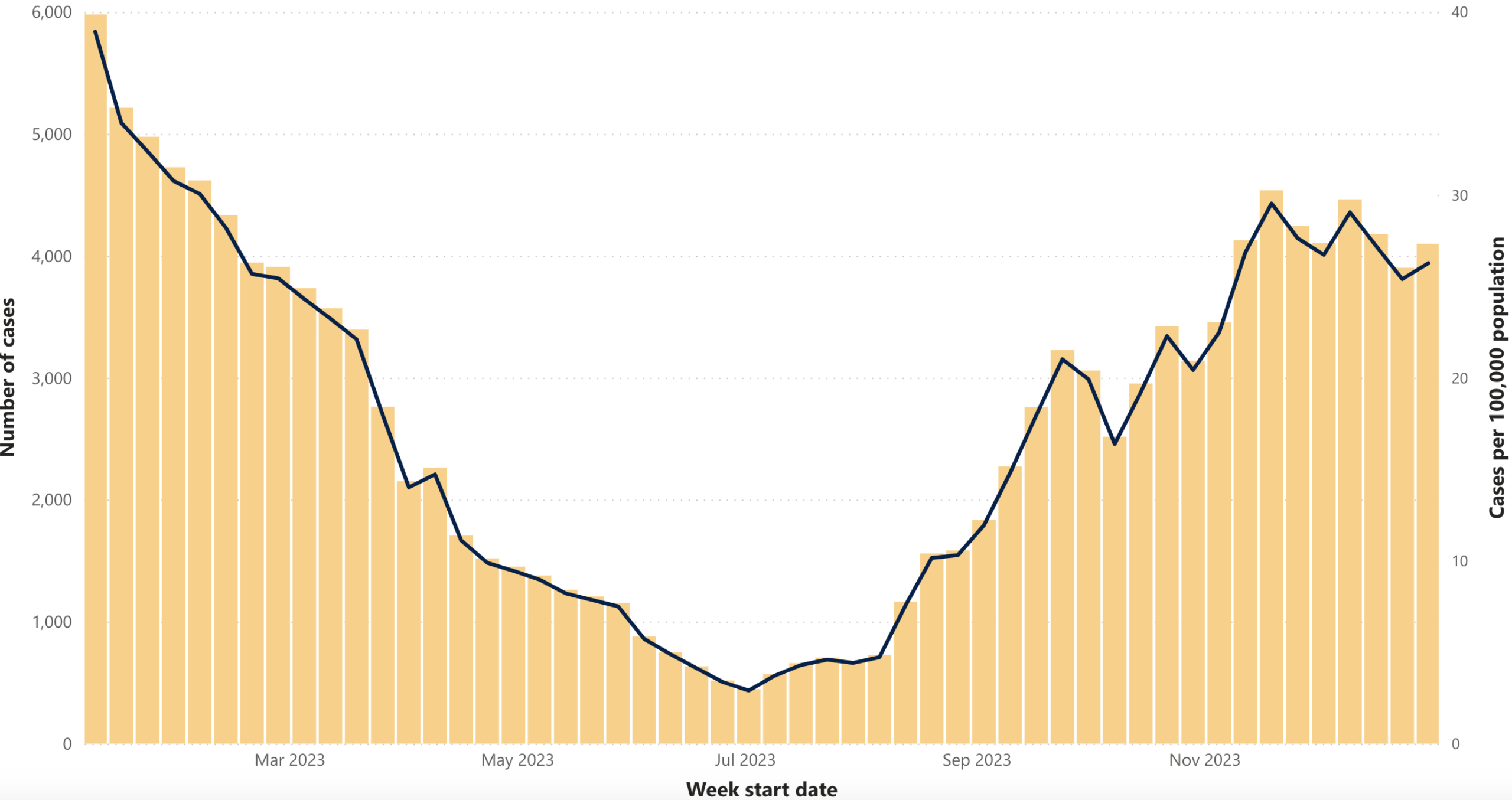
Jan 07, 2024

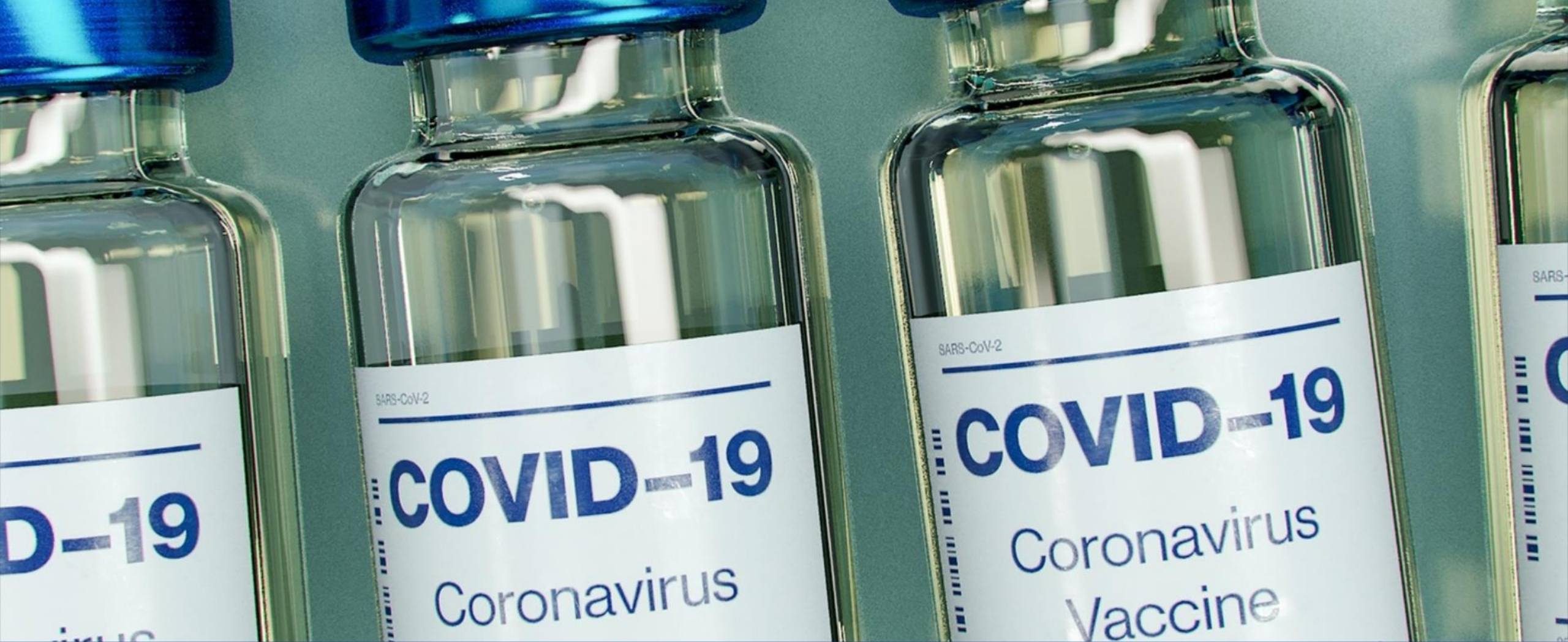
Nowcasted  
estimates

## COVID-19 variants:

- EG.5
- BA.2.86
  - BA.2.86.1\*
  - JN.1\*
  - JN.2\*
  - BA.2.86\*
- XBB.1.5
- XBB.1.9
- XBB.1.16
- XBB.2.3
- Other

# Laboratory confirmed weekly case counts and rates of COVID-19 in Ontario

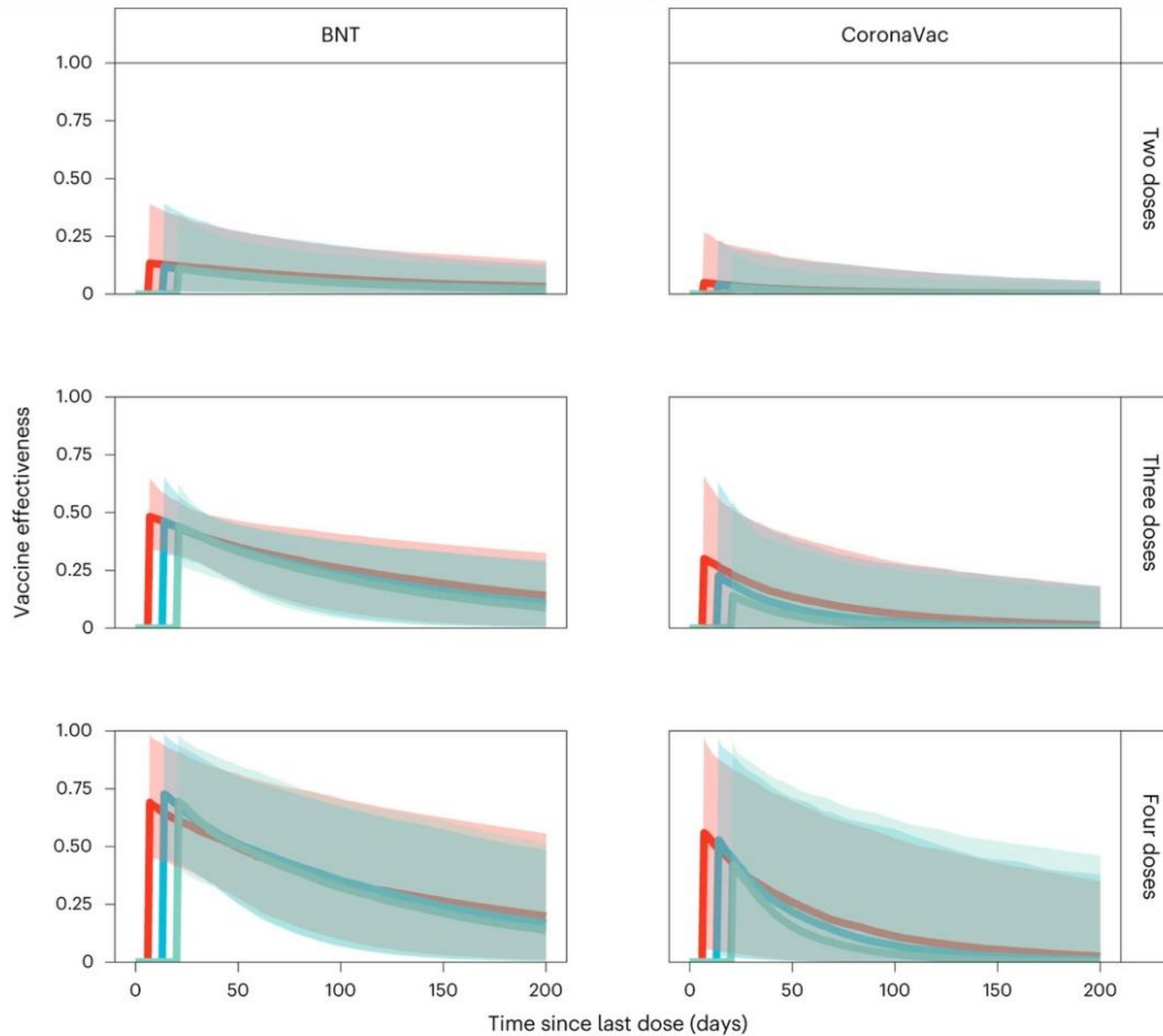


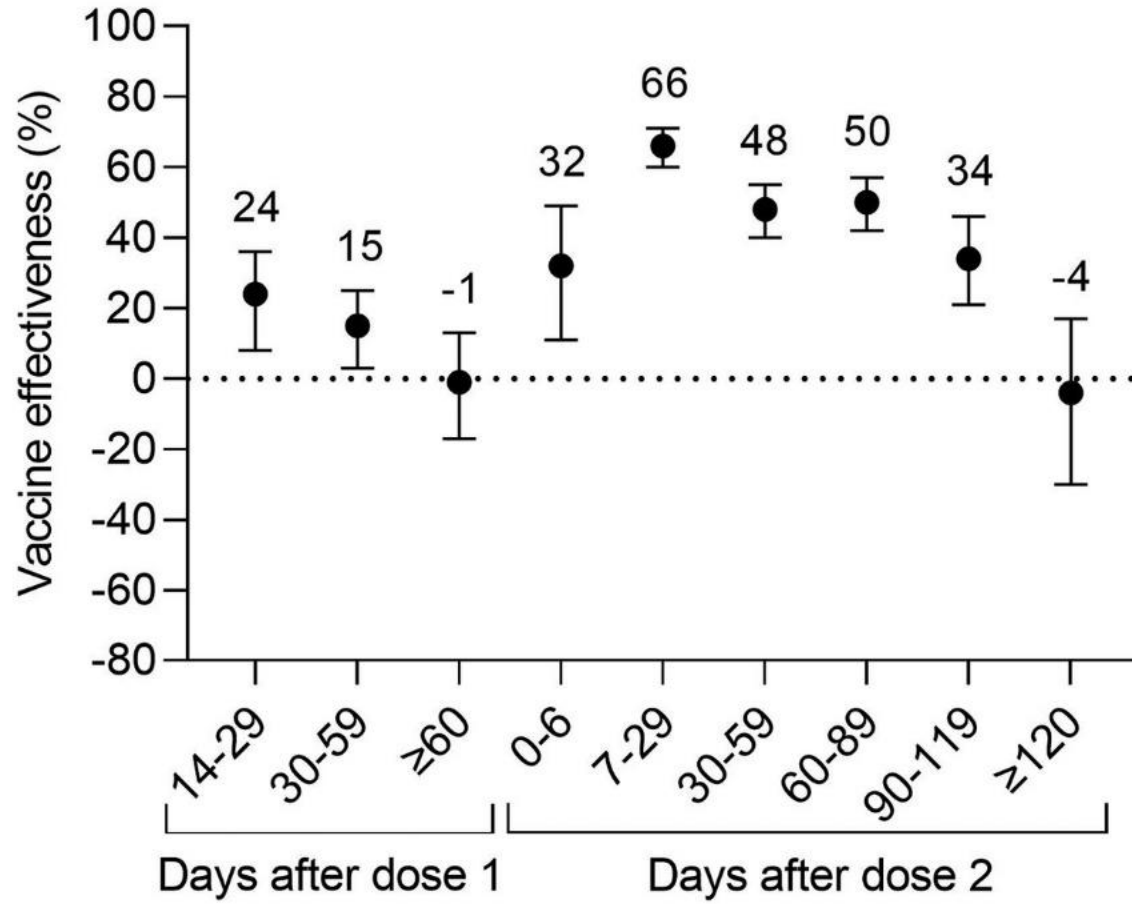
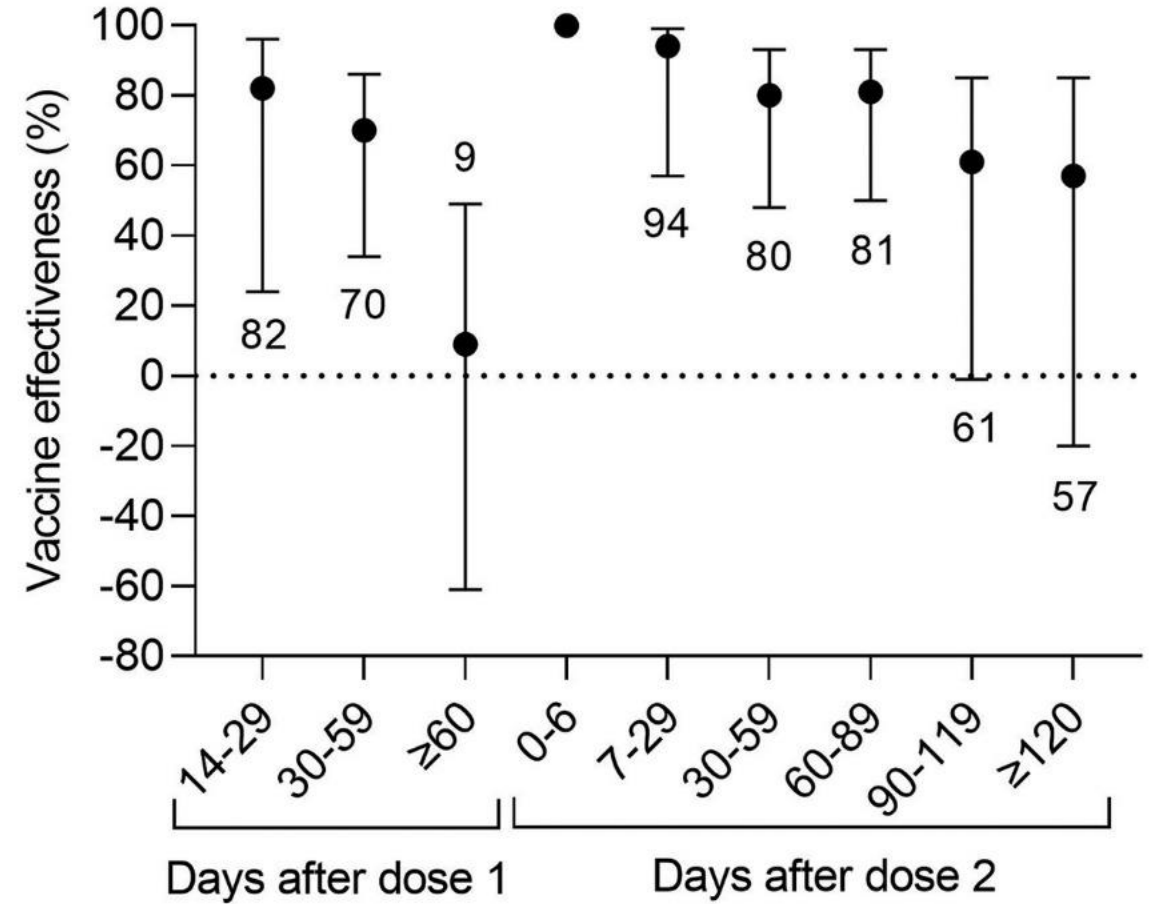


# VACCINES

## **NACI recommends that:**

- **Starting in the spring of 2024, the following individuals who are at increased risk of severe illness from COVID-19 may receive an additional dose of XBB.1.5 COVID-19 vaccine:**
  - **Adults 65 years of age and older**
  - **Adult residents of long-term care homes and other congregate living settings for seniors**
  - **Individuals 6 months of age and older who are moderately to severely immunocompromised (due to underlying conditions or treatment)**



**A****B**



# TREATMENT

		Illness Severity		
		Mild	Moderate	Severe
Severity Criteria		no new need for supplemental oxygen	receiving low-flow supplemental oxygen	oxygen via high-flow nasal cannula, non-invasive positive pressure ventilation, or invasive mechanical ventilation
Preferred Antiviral		nirmatrelvir/ritonavir x 5 days	remdesivir x 5 days	none
Alternative Antiviral		<u>OR</u> remdesivir x 3 days		
Immunomodulator		none	dexamethasone +/- IL-6 <u>OR</u> JAK inhibitor	dexamethasone +/- IL-6 <u>OR</u> JAK inhibitor

# Acute Bacterial Co-Infection in COVID-19



## A Rapid Living Review and Meta-analysis



**24** Studies  
included



**3338** COVID-19  
Patients



December 2019  
to March 2020

**3.5%**  
**Co-Infection**

On presentation

**14.3%**  
**Secondary  
Infection**

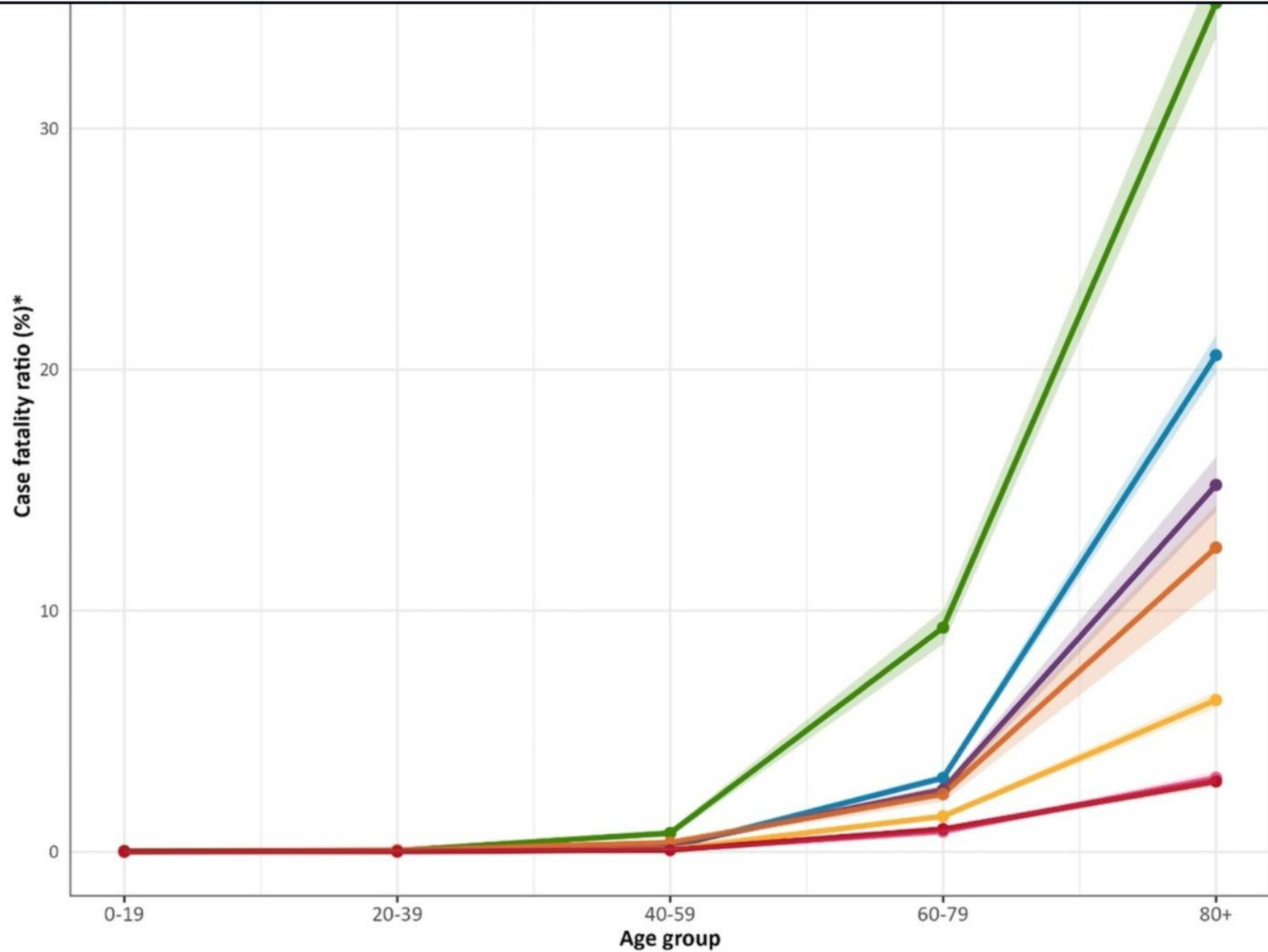
After presentation

**71.8%** Antibiotic  
Prescribing

Langford BJ, So M, Raybardhan S, Leung V, Westwood D, MacFadden DR, Soucy JPR, Daneman N.  
Clinical Microbiology and Infection. 2020.



**TARRN**



# CONCLUSIONS

- 1 Omicron is highly transmissible, infection is highly probable
- 2 New variants are inevitable
- 3 Vaccines are less effective in the omicron era



## Writing Sick Notes

To help educate employers on changing their policies, the OCFP has created this resource for use in your EMRs and clinic workflows for sick notes.

### Did you know that most employers in Ontario have eliminated the requirement for sick notes for short-term illnesses?

While the Employment Standards Act permits employers to ask employees for medical notes when taking sick leave, it is **not a requirement of the Act for employers to ask their employees to provide a medical note** for absences lasting five days or less. In fact, other provinces have amended their legislation to prohibit employers from doing so.

#### HERE'S WHY YOUR ORGANIZATION SHOULD RECONSIDER REQUIRING SICK NOTES:



Sick notes impact employee and economic productivity. Many employees would rather go to work ill than spend the time and money getting a sick note, leading to illness spreading in the workplace.



Sick notes strain healthcare resources and take time from patients who need urgent care. Patients should see a doctor only if they require medical care—most common illnesses can be managed at home.



Sick employees should stay home. Travelling to a doctor's appointment or emergency department for a sick note hinders recovery and **needlessly exposes vulnerable patients and healthcare providers to illness**.



Doctors rely on patient's self-reporting of their illness and may not be able to verify it from a medical standpoint.



Many patients are **charged a fee** for sick notes because OHIP does not compensate doctors for providing this non-medical service.



**Some patients can't access a doctor during their illness.** There is a shortage of family doctors in Ontario. As a result, some patients are unable to get a timely appointment. Over 2 million Ontarians don't have a family doctor at all, and must seek care (and sick notes) through walk-in clinics and emergency departments.



# Resources to support your practice

## Changes to the CPSO *Continuity of Care: Advice to the Profession*

These updates provide greater clarity around administrative responsibilities for specialists and emphasize clear communication between consultants and family physicians.

### What you need to know:

What you need to know:

CHANGES TO THE CPSO ADVICE TO THE PROFESSION: CONTINUITY OF CARE

#### REFERRALS

“It is important for family physicians to consider whether a patient's condition is within the specialist's **scope of practice**, whether the specialist is **accepting patients** and whether the specialist's practice is **accessible to the patient**.

“Family physicians must include all the information necessary for the specialist to understand the patient's condition and address the questions or concerns they are being asked to consider.

“Specialists can support family physicians by **accepting consultation requests**, where possible, **even if there are minor issues** with the requests (e.g., incorrect or outdated referral forms).


“Specialists can decline referrals that do not provide sufficient information, but they must **communicate their reasons** to the family physician. **Rather than requiring a new referral**, there may be **opportunities** for the specialist to work with the family physician to **clarify any outstanding questions**.

“**Acknowledging a referral simply means informing the family physician whether the referral will be accepted**. If it is accepted, specialists can indicate the estimated or actual appointment date. There is no requirement to see the patient **within 14 days**, just a requirement to **review the referral and close the loop**.

“Specialists may have more information about their colleagues than family physicians do. If they are able to **assist in re-directing the referral**, it would be helpful to do so, especially where the referral is for urgent or unique issues.

While the type of information that could be included in a referral request is outlined in the **Transitions in Care Policy**, the updated advice notes that it is **up to family physicians to determine what is appropriate** in the circumstances.

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care: noting that **family physicians and specialists share responsibility for ensuring patients can access the care they need**.

 **Referrals Checklist (OMA)**  
**Continuity of Care: Guide for Patients and Caregivers (CPSO)**

The updated advice explicitly reminds specialists of the requirement for timely **acknowledgement of referrals within 14 days** to ensure patient care is not delayed.

While specialists have no obligation to suggest another provider if they're unable to accept the referral, the CPSO encourages doing so to help ensure timely patient care.

Ontario College of  
Family Physicians



02

### Letter Templates

1. REFERRALS
2. ORDERING TESTS
3. REVIEWING TESTS
4. REFERRAL TO SUB-SPECIALISTS
5. CONSULT NOTES & DISCHARGE SUMMARIES

#### 02 Ordering Tests

Insert practice name & information

Dear Dr. (insert name),

Re: (patient identifier)

Thank you for your thorough and helpful consultation note on the above-mentioned patient. Although I am always eager to collaborate with you in the care of our mutual patients, I will leave the ordering of investigations you recommended in your consult to you.

**Include the relevant tests and imaging, where applicable**

You'll note that the recently updated advice from [CPSO on Continuity of Care](#) explicitly clarified that: “Any physician who determines a test is needed is responsible for ordering that test, including tracking the results and managing any follow up that stems from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice.”

**Include the following, if desired:** I appreciate being copied to receive test results; however, as per the [CPSO](#) “it should be clear that I have no additional responsibilities in regard to the tests or results.”

Your expertise in this specialized area is greatly appreciated. Please contact me if you would like to discuss this further.

Sincerely,

Dr. (insert name)

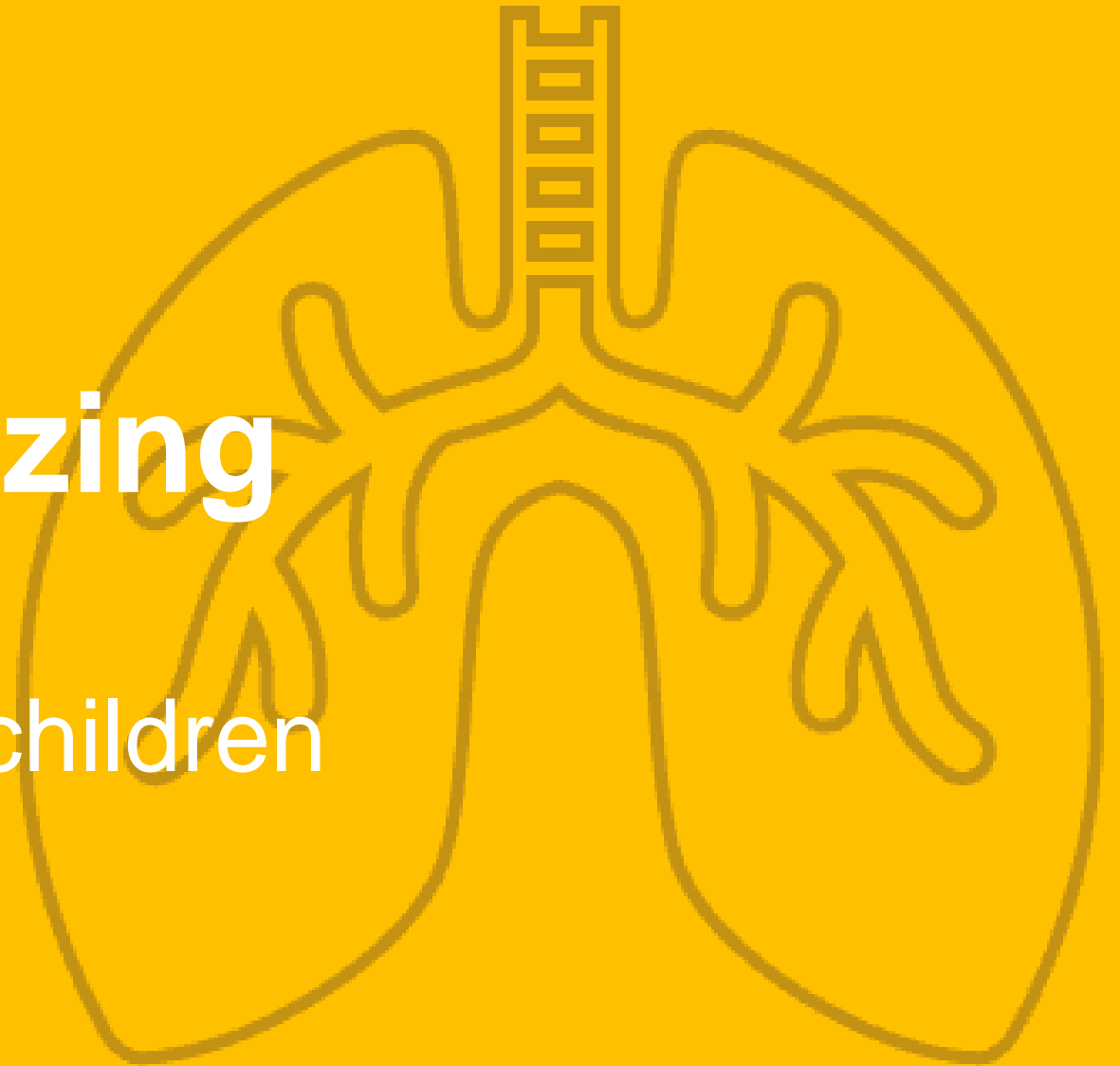
# Coughing, Wheezing and Sneezing:

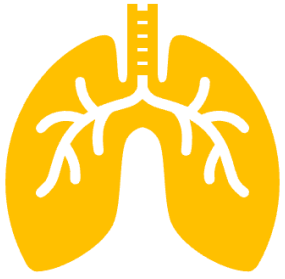
## Respiratory illnesses in children

**Tasha Stoltz, MD FRCPC**

Consultant Pediatrician

Grand River Hospital, Kitchener ON





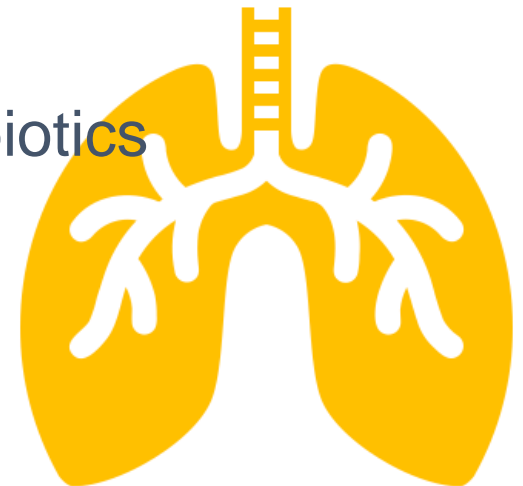
# Objectives

- Review pathophysiology of common pediatric respiratory illnesses
  - URTI
  - Croup
  - Bronchiolitis
  - Pneumonia
  - Asthma
- Discuss approach to diagnosis and evidence-based treatment strategies



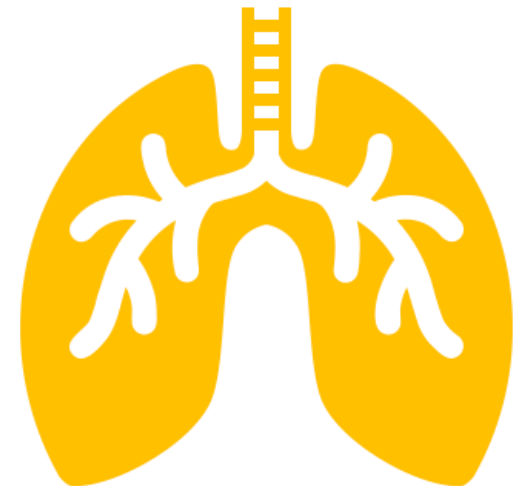
# Upper respiratory tract infections

- Sneezing, stuffy/runny nose, headache, sore throat, cough may be present
- Always viral in cause
- Diagnosis is clinical
  - NPS not necessary
- Treatment is supportive
  - No role for PO/inhaled/intranasal steroids, inhalers or antibiotics



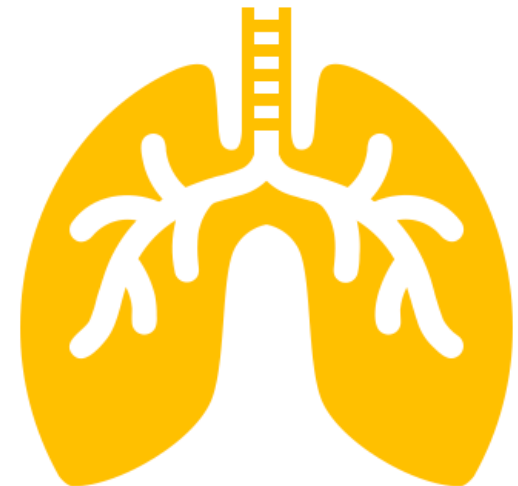
# Croup

- Acute-onset upper airway obstruction secondary to viral infection
- 6 months-3 years of age
- Barky cough +/- stridor
- Rule out: bacterial tracheitis, epiglottitis, retropharyngeal abscess, anaphylaxis, foreign body aspiration
  - Toxic-appearing, drooling, dysphagia is NOT croup



# Croup

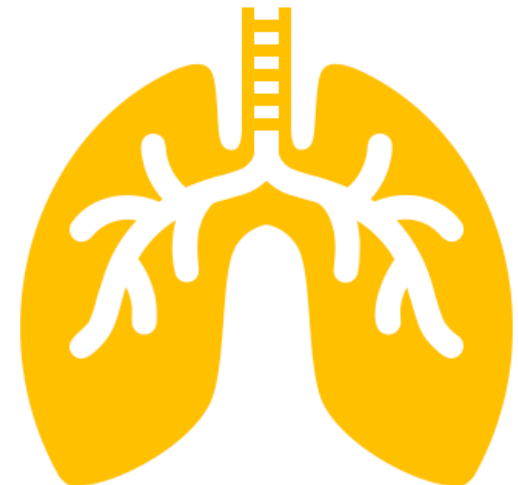
- Diagnosis is clinical
  - CXR/lateral neck XR, swabs are NOT necessary for diagnosis
- Treatment:
  - PO dexamethasone 0.6 mg/kg x 1
  - NO antibiotics
- To ED if:
  - Stridor or WOB at rest, biphasic stridor
  - Hypoxia or cyanosis
  - Drooling or dysphagia
  - Lethargy or distress



# Bronchiolitis

- Viral LRTI in children <2 years
- Can be caused by any virus, including RSV
- Fever, cough and rhinorrhea, wheeze, crackles +/- respiratory distress
- Rule out: asthma, pneumonia, foreign body aspiration

Table 4
Groups at higher risk for severe disease
Infants born prematurely (<35 weeks' gestation)
<3 months of age at presentation
Hemodynamically significant cardiopulmonary disease
Immunodeficiency



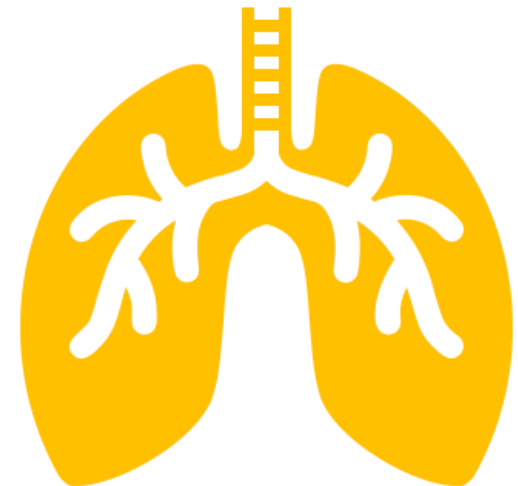
# Bronchiolitis

- Diagnosis is clinical
  - X-rays not necessary for diagnosis, usually non-specific – only if severe or alternate diagnosis suspected
  - Labs not necessary
  - NPS not necessary
- Treatment:
  - Supportive – hydration, nasal suctioning?
  - No evidence for use of Ventolin, steroids, antibiotics, antivirals
- To ED if any concerns about RR, WOB, O2 saturations, mental status, apneas, or hydration concerns
- Symptoms usually peak on day 5



# Bacterial Pneumonia

- Fever, cough, appears 'sicker', +/- respiratory distress
- Focal crackles (not wheeze!) on examination
- Diagnosis:
  - CXR – focal lobar consolidation or worse (parapneumonic effusion, empyema, abscess, etc)
  - Atypical pathogens can have bilateral infiltrates
  - NPS, labs not indicated for outpatients



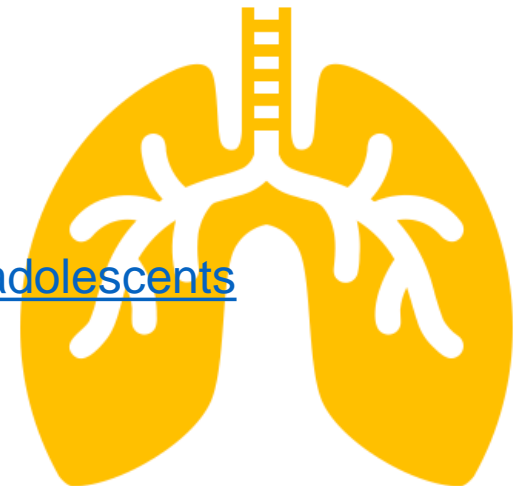
# Bacterial Pneumonia

- Treatment:
  - Uncomplicated: Amoxicillin 90 mg/kg/day divided TID x 5 days
  - Atypicals – treatment with macrolides is controversial
- Improvement usually within 48 hours of antibiotics
- Repeat CXR after illness is not necessary in children if clinical improvement
- To ED if any concerns about RR, WOB, O2 saturations, mental status, apneas, or hydration concerns



# Asthma

- Recurrent wheeze that is responsive to bronchodilator treatment
- Typically personal or family history of atopy
- Asthma guidelines:
  - [Diagnosis and management of asthma in preschoolers](#)
  - [Diagnosis and management of asthma in preschoolers, children and adults](#)
  - [Managing an acute asthma exacerbation in children](#)
  - [ICS for asthma therapy in children](#)
  - [The management of very mild and mild asthma in preschoolers, children and adolescents](#)



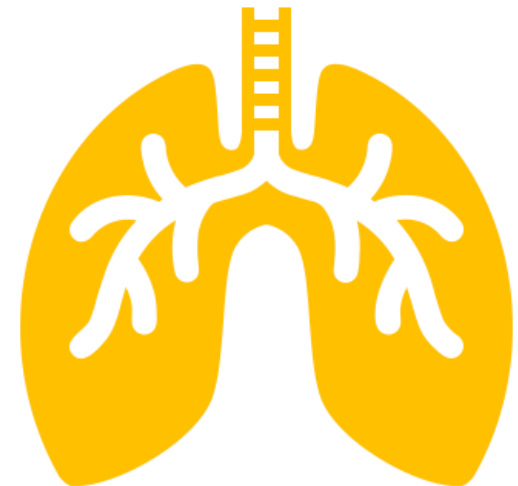
# Asthma – Controller Therapy

- Trigger avoidance and manage comorbidities
- Common triggers: infection, physical activity, allergens, cold air, pollution, poor compliance
- Written asthma action plan
- Aerochambers!
- ICS use:
  - Ensure compliance
  - Need to use 3-4 weeks for any effect
  - Review side effects with parents

Medication (trade name) Inhaler device - Formulation	Low corticosteroids dose for age	Medium corticosteroids dose for age
<b>Beclomethasone (QVAR) ¶</b> MDI/spacer - 50 mcg or 100 mcg/puff	1 to 5 years: 50 mcg twice daily 6 to 11 years: 50 to 100 mcg twice daily ≥12 years: 100 mcg twice daily	1 to 5 years: 100 mcg twice daily 6 to 11 years: 200 mcg twice daily ≥12 years: 200 mcg twice daily
<b>Budesonide (Pulmicort) ¶</b> Dry powder inhaler ‡ - 100 or 200 mcg/puff	≥6 years: 100 to 200 mcg twice daily	≥6 years: 400 mcg twice daily
<b>Budesonide/LABA</b> for ≥12 years: Budesonide/Formoterol (Symbicort) Dry powder inhaler ‡ - 100/6, 200/6 mcg/puff or 400/12	≥12 years: 100 to 200 mcg twice daily	≥12 years: 400 mcg twice daily
<b>Ciclesonide (Alvesco) ¶§</b> MDI/spacer - 100 or 200 mcg/puff	1 to 5 years: 100 mcg once daily ≥6 years: 100 to 200 mcg once daily	1 to 5 years: 200 mcg once daily ≥6 years: 400 mcg once daily
<b>Fluticasone propionate (Flovent) ¶</b> MDI/spacer - 50, 125, 250 mcg/puff or Dry powder inhaler ‡ - 100 or 250 mcg/puff	1 to 5 years: 50 mcg twice daily or 125 mcg once daily ¶ 6 to 11 years: 50 to 100 mcg twice daily or 125 mcg once daily ¶ ≥12 years: 125 mcg once or twice daily	1 to 5 years: 100 to 125 mcg twice daily 6 to 11 years: 200 mcg twice daily ≥12 years: 250 mcg twice daily
<b>Fluticasone propionate/LABA</b> for ≥4 years: Fluticasone propionate/salmeterol (Advair) MDI/spacer - 125/25, 250/25 mcg/puff or Dry powder inhaler ‡ - 100/50 or 250/50 mcg/puff ¶	≥12 years: 100 to 25 mcg twice daily	4 to 11 years: 100 to 125 mcg twice daily ≥12 years: 250 mcg twice daily
<b>Fluticasone furoate (Arnuity Ellipta) §</b> Dry powder inhaler 100 or 200 mcg/puff	≥12 years: 100 mcg once daily	
<b>Fluticasone furoate/LABA</b> for ≥12 years: Fluticasone furoate/vilanterol (Breo Ellipta) § 100/25 or 200/25 mcg/inh	≥12 years: 100 mcg once daily	

# Asthma - Exacerbation

- Diagnosis is clinical – no CXR/other investigations required
- Use rescue puffer q4h routinely during an exacerbation
- Oral corticosteroids
  - PO dexamethasone 0.3-0.6 mg/kg x 1-2 days
  - PO prednisolone 1 mg/kg x 3-5 days
- NO evidence for:
  - Increasing ICS dose during illness
  - Short-term, intermittent use of ICS



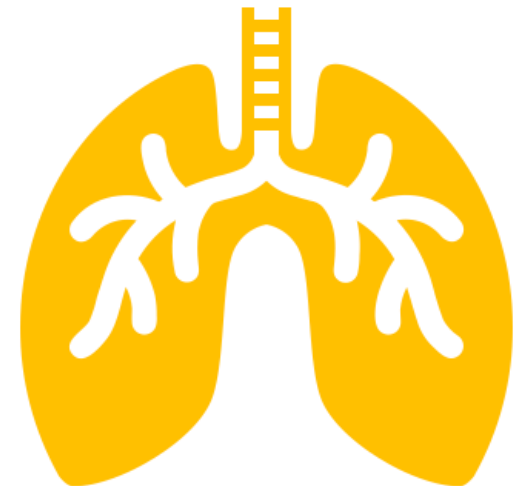
# Post-Viral Cough

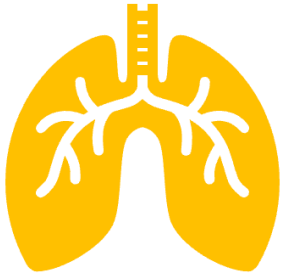
- Manage expectations
- Cough can last 4-6 weeks post-viral infection
- No investigations required unless associated with other features or >6 weeks in duration in otherwise healthy children
- Avoid exacerbating factors (eg smoke, allergens)
- Avoid OTC cough suppressants, especially in kids <6 years
- Honey can be used >1 year of age
- Humidifiers



# Vaccines

- COVID-19:
  - Recommended for all children  $\geq 5$  years
  - Recommended for all children 6 months to 4 years at high risk for severe illness, and other children MAY be vaccinated
- RSV:
  - Synagis (palivizumab) vaccine currently available
  - Stay tuned for some upcoming changes...

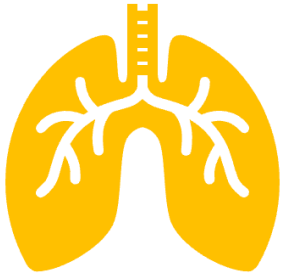




# SUMMARY

- The diagnosis is in the history and exam
- If you hear a wheeze, CXR usually not required
- If you hear crackles, CXR to diagnose bacterial pneumonia before antibiotics





# SUMMARY

	Presentation	Management
<b>Viral URTI</b>	Sneezy, snuffy nose	Supportive treatment
<b>Croup</b>	Barky cough, inspiratory stridor	Dexamethasone
<b>Bronchiolitis</b>	Fever, cough, wheeze, crackles	Supportive treatment
<b>Bacterial pneumonia</b>	High-grade fevers, cough, crackles	Amoxicillin 90 mg/kg/day div TID
<b>Asthma</b>	Recurrent wheeze	Ventolin +/- ICS (depending on severity) with PO steroids if acute exacerbation
<b>Post-viral cough</b>	Persistent cough x 4-6 weeks	Supportive treatment +/- honey Humidifiers



## COVID-19 Therapeutic Support Line

### Are you a healthcare professional with a question about COVID-19 therapeutics?

Staffed by a registered pharmacist, OPA's COVID-19 Therapeutic Support Line provides Ontario vaccinators and prescribers with a dedicated resource to assist with timely, evidence-based clinical decision-making support.



**1-888-519-6069**

10 am – 8 pm EST, 7 days per week

Contact Us Today!



[opatoday.com/  
covid19support](https://www.opatoday.com/covid19support/)

# UPDATE: TPH Holding Community Vaccine Clinics to Support Uptake of ISPA Vaccines in Toronto

To help Toronto's school-aged children and youth catch-up on routine vaccines, TPH will hold a number of community vaccine clinics beginning **Friday January 19th, 2024**. The clinics will offer vaccines for the [nine Immunization of School Pupils Act \(ISPA\) diseases](#), as well as the human papillomavirus and hepatitis B vaccines.

**Beginning January 25th**, clinics will also offer:

- COVID-19 vaccines for children under five years of age
- Novavax XBB COVID-19 vaccine, a protein subunit vaccine for individuals 12 years of age and over who have been unable (i.e., due to allergy) or unwilling to receive an mRNA COVID-19 vaccine.

For the above mentioned COVID-19 vaccines, advise eligible patients that they may get these vaccines at a TPH community vaccine clinic. Appointments are required and can be [booked online](#) beginning **January 23rd**. A health card is not required.

- Remind parents [to report](#) their child's immunizations to TPH.

# New Toolkit

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Choosing Wisely Canada's new toolkit features easy-to-use tools and resources to help clinicians and caregivers manage bronchiolitis appropriately.



## Bronchiolitis: **LESS IS BEST**

A Toolkit for the Management & Assessment of  
Bronchiolitis in Primary Care & Emergency Departments

V1

Last Updated:  
October 2023

# PEDIATRIC VIRAL PRESCRIPTION

Provides other ways to help relieve symptoms to avoid unnecessary antibiotic prescriptions.



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## The symptoms your child presented with today suggest a viral infection:

- ☐ Common cold (upper respiratory tract infection): Cough can last 3-4 weeks
- ☐ Bronchiolitis: Cough can last 3-4 weeks
- ☐ Sore throat (viral pharyngitis)
- ☐ Middle ear infection (otitis media)
- ☐ Sinus infection (acute sinusitis)
- ☐ Other viral respiratory infection: \_\_\_\_\_



**Your child does not need antibiotics because they do not work on viral infections.** Using antibiotics when not needed makes them less effective for potential future bacterial infections. They can cause side effects (like diarrhea, rash) and, in rare cases, allergic reactions, or kidney injury, or liver injury.

## How to help your child feel better and manage symptoms:

- Ensure they drink plenty of fluids and get rest  
*> For infants, smaller feeds more often to meet the same total daily amount of feeds*
- Wash hands often and stay home to avoid spreading the infection
- **Do not give Aspirin or over-the-counter cough and cold medicines.** Talk to your health care provider or pharmacist about using the following treatments and the right amount to give:
  - ☐ Acetaminophen (e.g., Tylenol) for fever and aches
  - ☐ Ibuprofen (e.g., Advil, Motrin) for fever and aches

# RECENT SESSIONS

November 17	<b>COVID-19 Updates and the New Ontario Structured Psychotherapy Program</b>	Dr. Gerald Evans Dr. Paul Kurdyak Dr. Leah Skory
October 27	<b>Respiratory and Flu Season: Counselling Kids &amp; Balancing Workload</b>	Dr. Joan Chan Dr. Janine McCready
October 6	<b>Update on COVID-19, influenza and RSV vaccines</b>	Dr. Zain Chagla Dr. Elizabeth Muggah
September 15	<b>Preparing for the fall</b>	Dr. Kieran Michael Moore Dr. Daniel Warshafsky
December 15	<b>Winter virus season and Changes to breast cancer screening in Ontario</b>	Dr. Allison McGeer Dr. Jonathan Isenberg Dr. Anna M. Chiarelli Maggie Keresteci

**Previous webinars & related resources:**

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

# Accessing Previous Sessions and Self Learning

## Previous webinars & related resources

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessionspast-sessions>

The screenshot shows the DF CM website with the following structure:

- Header:** Temerty Faculty of Medicine, Contact, Donate, Webmail, POWER, Practice Profiles, Field Notes/EPA, Quercus.
- Navigation Bar:** Education, Residency, Grad Studies, Research, Community & Partnerships, Quality & Innovation, Divisions, Faculty, About.
- Breadcrumbs:** Home > Quality & Innovation > COVID-19 Community of Practice > Past COVID-19 Community of Practice sessions.
- Left Sidebar:**
  - About the QI Program
  - QI Courses
  - COVID-19 Community of Practice
  - Past COVID-19 Community of Practice sessions** (highlighted)
  - Practical Tools for Practices to Improve Quality
  - Learning Health Systems
  - Patient Engagement at DFCM
- Main Content:**

### Past COVID-19 Community of Practice sessions

The COVID-19 Community of Practice is a space for family physicians across Ontario to connect and learn from each other. Approximately once a month, practicing family physicians share their perspectives on COVID-related topics ranging from implementing virtual care, to organizing community collaborations, and supporting patients with mental health and addiction. These one-hour webinars are interactive and questions from participants are answered in real-time where possible. Each session is recorded and shared after the event, including links to notable resources.

- QI Courses
- COVID-19 Community of Practice
- Past COVID-19 Community of Practice sessions**
- Practical Tools for Practices to Improve Quality
- Learning Health Systems
- Patient Engagement at DFCM

## Self-learning program

The COVID-19 CoP session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

[Complete self-learning activity](#)

- QI Courses
- COVID-19 Community of Practice
- Past COVID-19 Community of Practice sessions**
- Practical Tools for Practices to Improve Quality
- Learning Health Systems
- Patient Engagement at DFCM

## Past sessions

Each item below includes session details, the webinar recording and linked resources.

	Expand All
Winter virus season and changes to breast cancer screening in Ontario (Dec 15, 2023)	+
COVID-19 Updates and the New Ontario Structured Psychotherapy Program (Nov 17, 2023)	+
Respiratory and Flu Season: Counselling Kids and Balancing Workload (Oct 27, 2023)	+
Update on COVID-19, influenza and RSV vaccines (Oct 6, 2023)	+
Preparing for the fall (Sept 15, 2023)	+
COVID Updates and Addressing Physician Burnout (July 28, 2023)	+



# FMS 2024

## FAMILY MEDICINE SUMMIT

Driving Real Change for Family Doctors Today

Join us on January 26 & 27

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Topics include:



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Family Doctors



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Helping Reduce Administrative  
Burden Today: New Bots and AI  
at Your Service



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Earn up to  
39 Mainpro+  
Credits

Conference content  
available on-demand until  
April 30, 2024

# Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: February 9, 2024

Contact us: [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

**Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.**