

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Acute respiratory infection in over 16s: initial assessment and management

NHS England has asked NICE to develop a new guideline on the initial management of acute respiratory infection.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

#### 1 Why the guideline is needed

Before the COVID-19 pandemic, people with suspected acute respiratory infections either presented to NHS111 or primary care for assessment and management, with more severe cases referred for hospital assessment, or they presented directly to A&E or to the ambulance service if their symptoms were more serious. Since the pandemic, the levels of acute respiratory infection (particularly pneumonia caused by COVID-19 infection) have increased.

In response to this the NHS has set up a number of [acute respiratory infection \(ARI\) hubs](#) and [acute respiratory infection virtual wards](#) to relieve pressure on other parts of the local healthcare system.

NICE has been asked to produce a number of related products to support and inform the expansion of virtual ward provision and other intermediate care areas. This guideline will aid healthcare professionals in deciding where to refer people aged 16 and over with suspected acute respiratory infections including referrals to Virtual Wards and ARI Hubs.

#### 2 Who the guideline is for

This guideline is for:

- healthcare professionals

- people aged 16 and over who have suspected acute respiratory infection, their families and carers.

It may also be relevant for:

- commissioners
- social care practitioners
- voluntary organisations and patient support groups.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

## **Equality considerations**

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to age, disability, pregnancy, race, religion or belief, sex, socioeconomic status and deprivation, and those that affect people who are homeless, newly arrived migrants and people with low levels of literacy/health literacy.

## **3 What the guideline will cover**

### **3.1 Who is the focus?**

#### **Groups that will be covered**

- People aged 16 and over with symptoms that might indicate an acute respiratory infection, for example cough, sore throat, shortness of breath, or runny nose.

Specific consideration will be given to people with co-morbidities that will affect their risk, for example chronic obstructive pulmonary disease.

## **Groups that will not be covered**

- Under 16s
- People aged 16 and over with
  - known COVID-19
  - respiratory infections acquired while inpatients in hospital
  - a respiratory infection during end-of-life care
  - aspiration pneumonia, bronchiectasis or cystic fibrosis.

## **3.2 Settings**

### **Settings that will be covered**

Settings where people make a first presentation to the NHS, including:

- remote settings (via telephone, video call, online app, e-mail, or text message, for example NHS 111, 999 call centres or GP practices)
- face-to-face settings (for example, the person's home, a care home, primary care [including community pharmacy or acute respiratory infection hubs], NHS walk-in centres, emergency departments).

### **Settings that will not be covered**

- NHS inpatient settings.

## **3.3 Activities, services or aspects of care**

### **Key areas that will be covered**

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Assessment of people aged 16 and over with suspected acute respiratory infection in remote and face-to-face settings.
- 2 Near patient microbiological and biomarker tests and other investigations to inform initial referral and treatment decisions.
- 3 Prescribing antimicrobials (antibiotics or antivirals) as part of the initial assessment.

## Areas that will not be covered

- 1 Prevention strategies, including vaccination and lifestyle advice.
- 2 Ongoing clinical care, such as definitive diagnosis and management (including complications) beyond the initial assessment.

## Related NICE guidance

### Published

- [COVID-19 rapid guideline: managing COVID-19](#) (2021, updated 2022) NG191
- [Pneumonia \(community-acquired\): antimicrobial prescribing](#) (2019) NG138
- [Cough \(acute\): antimicrobial prescribing](#) (2019) NG120
- [Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) (2019) NG115
- [Chronic obstructive pulmonary disease \(acute exacerbation\): antimicrobial prescribing](#) (2018) NG114
- [Bronchiectasis \(non-cystic fibrosis\), acute exacerbation: antimicrobial prescribing](#) (2018) NG117
- [Emergency and acute medical care in over 16s: service delivery and organisation](#) (2018) NG94
- [Sepsis: recognition, diagnosis and early management](#) (2017) NG51

## NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to acute respiratory infection:

- [Shared decision making](#) (2021) NICE guideline NG197
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

### **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

### **3.5 Key issues and draft questions**

While writing this scope, we have identified the following key issues and draft questions related to them:

1 Assessment of people aged 16 and over with suspected acute respiratory infection in remote and face-to-face settings.

1.1 In remote consultations with people aged 16 and over with suspected acute respiratory infection, what is the most accurate and cost-effective combination of symptoms, signs, and early warning scores, to decide the most suitable care pathway for them, for example whether they need a face-to-face appointment, and where that appointment should be?

1.2 In face-to-face consultations with people aged 16 and over with suspected acute respiratory infection, what is the most accurate and cost-effective combination of symptoms, signs and early warning scores to decide the most suitable care pathway for them?

1.3 In people aged 16 and over with suspected acute respiratory infection, what is the effectiveness and cost-effectiveness of near patient microbiological or biomarker tests or combination of tests to decide the most suitable care pathway for them?

1.4 What symptoms, signs and early warning scores should determine the decision about whether to initiate antimicrobial (antibiotic or antiviral) treatment (including delayed prescribing) at first assessment for people aged 16 and over with suspected acute respiratory infection?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

#### **Primary outcomes:**

- risk data for:
  - mortality
  - treatment failure, for example escalation of care/unexpected hospital admission, change of treatment
  - clinical cure/resolution of symptoms
  - patient reported outcome measures (for example, shortness of breathless, chest pains, cough, fatigue)
  - health related quality of life (using a validated scale)
  - antimicrobial resistance.
  
- survival data.

#### **Secondary outcomes:**

- sensitivity/specificity
- likelihood ratios.

### **Further information**

This is the final scope, which takes into account comments from a targeted engagement process.

The guideline is expected to be published in October 2023.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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