



Pediatric Antibiotic Prescribing: In-Person Vs Telemedicine

Take Home Point: Telemedicine integrated within primary care was associated with more judicious antibiotic prescribing without increased follow-up visits or inappropriate antibiotic use. Primary care telemedicine may improve access to care while supporting antibiotic stewardship efforts.

Citation: Ray K, Wittman S, Kelly M, et al. Primary Care Telemedicine vs In-Person Antibiotic Prescribing for Pediatric Respiratory Tract Infections. *JAMA Netw Open.* 2026;9(5): e2610062. doi:10.1001/jamanetworkopen.2026.10062.

Relevance: Acute respiratory illness (ARI) is a common presentation among children presenting to urgent care (UC) and frequently does not require antibiotics. Maintaining antibiotic stewardship during UC encounters can be challenging, particularly when patient expectations influence prescribing decisions.

Study Summary: This retrospective cross-sectional analysis evaluated pediatric primary care visits over 1 calendar year (2023) using an electronic health record-derived dataset from multiple research and practice networks across the United States. The authors identified telemedicine and in-person visits with bacterial and viral ARI diagnoses using International Classification of Diseases, Tenth Revision (ICD-10) codes. Primary outcomes included receipt of any systemic antibiotic prescription and receipt of guideline-concordant antibiotic prescription based on visit diagnosis.

The authors analyzed 449,630 ARI visits involving 302,817 children, including 438,148 in-person visits and 11,482 telemedicine visits. Antibiotics were prescribed in 46.8% (95% confidence interval [CI] 45.1%–48.4%) of in-person visits compared with 34.6% (95% CI 27.0%–42.3%) of telemedicine visits, a difference that was statistically significant. Guideline-concordant antibiotic prescribing occurred in 86.2% (95% CI 85.1%–87.3%) of in-person visits and 85.5% (95% CI 80.5%–90.4%) of telemedicine

visits, demonstrating no meaningful difference between groups. Subgroup analysis did not identify any patient groups in which telemedicine visits were associated with higher antibiotic prescribing rates compared with in-person care.

Editor's Comments: Although previous telemedicine studies have demonstrated increased antibiotic prescribing, that pattern was not observed in this study. Primary care settings, however, often involve ongoing clinician-patient relationships, which may contribute to these findings. This study cannot be generalized to UC practice. Additionally, the dataset did not allow the authors to distinguish among telemedicine visit types, such as audio-only versus video visits. Even so, the broader principles of guideline adherence and antibiotic stewardship remain highly relevant. ■

Predicting Retinal Detachment

Take Home Point: This study suggests that vitreous floaters, with or without flashes, are associated with a clinically important increased risk of retinal detachment (RD), particularly when symptoms occur acutely.

Citation: van Zon B, Spoelder M, Peters H, Akkermans R, et al. Do Vitreous Floaters Predict Retinal Detachment? Retrospective Cohort Study in Primary Care. *Ann Fam Med.* 2026;24(2):111-116. doi:10.1370/afm.240149.

Relevance: Floaters and flashes may represent the first, and occasionally only, warning signs of a retinal tear or sight-threatening retinal detachment. Recognizing these symptoms as potential red flags can support timely ophthalmology referral and help prevent avoidable vision loss.

Study Summary: This retrospective cohort study used morbidity data from the Family Medicine Network, which included 7 family physician practices and 35 family medicine practices in the Netherlands. Investigators reviewed data from more than 42,000 patients and analyzed new reasons for a visit with a complaint of vitreous floaters or flashes. Floaters were defined as symptoms such as black spots, clouds, haze, or moving curtains. Flashes were defined as beams or flickering light of any color. The primary outcome was the absolute risk (AR) of RD after presentations in-



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volving floaters, flashes, or both. Secondary outcomes included relative risk (RR) of RD for floaters alone and for the combination of floaters and flashes, using flashes alone as the reference group.

The authors identified 1,011 episodes starting with floaters, including episodes with both floaters and flashes, and 490 episodes starting with flashes, including episodes with both flashes and floaters. The incidence per 1,000 patient-years of floaters was 5.5 and of flashes was 2.7. The AR of RD was 6.1% for floaters alone, 4.7% for flashes alone, and 8.4% for floaters and flashes. Both acute and many floaters increased AR. The RRs for acute floaters and flashes (2.39; 95% CI, 1.11-5.15), many floaters (4.20; 95% CI, 1.87-9.40), and many floaters and flashes (6.20; 95% CI, 2.47-15.55) were significantly increased compared with flashes alone.

Editor’s Comments: The authors acknowledged that incomplete reason-for-encounter data may have led to underidentification of RD cases. In addition, reliance on free-text documentation introduced the potential for information bias, and the symptom profiles described were not specific to RD. For UC clinicians, these findings reinforce the importance of maintaining a broad differential diagnosis when evaluating patients with visual complaints. Isolated floaters should prompt clinical caution and appropriate ophthalmology referral. ■

Topical Steroids to Treat Pediatric Phimosis

Take Home Point: Topical corticosteroids effectively provide clinically meaningful improvement in pediatric phimosis and likely could reduce the need for surgical management.

Citation: Campos JM, Ceballos V, Torres AF, et al. Topical Steroids Are Effective Even In Severe Phimosis: Evidence From a Multicenter Cohort. *J Pediatr Surg*. Published online March 24, 2026. doi:10.1016/j.jpedsurg.2026.163093.

Relevance: Phimosis is a common pediatric condition that is frequently managed with surgical circumcision. Topical corticosteroids have previously demonstrated favorable efficacy, and this study explored their effectiveness across severity and patient demographic characteristics.

Study Summary: This multicenter prospective cohort study was conducted across 12 hospitals in Chile. During the initial consultation, treating surgeons assessed phimosis

severity and foreskin skin quality using the Kikiros classification system. All enrolled patients were prescribed 0.05% topical betamethasone to apply gently after foreskin retraction twice daily for 8 weeks. Follow-up occurred between 8 and 16 weeks after treatment initiation, and the primary outcome was resolution of phimosis.

The authors enrolled 383 patients and 235 completed follow-up. Treatment success was 68%, with no significant differences across phimosis severity or age groups. During the study period, 3 patients underwent surgery, 2 withdrew consent, and 24 discontinued treatment—due to caregiver decision (n=10), lack of patient cooperation (n=7), and preputial irritation (n=7). The only factor significantly associated with treatment failure was altered preputial skin appearance (success rate of 72% with healthy skin vs 29% with altered skin; p=0.007).

Editor’s Comments: A major limitation of the study was a high loss-to-follow-up rate, which may reflect challenges with treatment adherence. The relatively short follow-up period may also limit assessment of long-term treatment failure or phimosis recurrence. In addition, patient and caregiver treatment preferences were not evaluated. Despite these limitations, the study supports the commonly used therapy of topical corticosteroids as first-line therapy for pediatric phimosis. ■

Reducing Short-Acting Beta-Agonist Overprescribing for Asthma

Take Home Point: Engagement with electronic prescribing alerts appears to reduce overprescribing of short-acting beta-agonists (SABAs) for asthma patients.

Citation: De Simoni A, Hajmohammadi H, Pfeffer P, et al. Reducing short-acting beta-agonist overprescribing in general practice: Evaluation of a quality improvement programme in East London. *Eur J Gen Pract*. 2026;32(1):2619229. doi:10.1080/13814788.2026.2619229.

Relevance: SABA overprescribing remains common and has been associated with increased risk of all-cause mortality and greater use of antidepressants, hypnotics, and sedatives.

Study Summary: This quality improvement (QI) initiative involved 48 community care practices in East London, United Kingdom, with neighboring communities serving

as control groups. The study population included patients aged 5–80 years with a coded asthma diagnosis and at least 1 prescription for an inhaled asthma medication in the previous year. QI interventions included in-consultation prescribing alerts for patients prescribed more than 6 SABA inhalers during the preceding 6 months, clinician guidance based on national recommendations, patient educational materials integrated into asthma review templates, clinician webinars, and nurse-led asthma review programs. Patients overusing SABAs without inhaled corticosteroids (ICS) were advised to initiate ICS therapy, while those already receiving low-dose ICS were advised to increase dosing.

At baseline, the proportion of patients prescribed ≥ 6 SABA inhalers annually was 27% in the intervention community, 29% and 32% in the control communities. At the initiative conclusion, these proportions had decreased to 21%, 23%, and 25%, respectively. In the intervention community, this corresponded to an estimated absolute reduction in hospital admissions of 11%. Prescribing alerts integrated into practice software were associated with a 50% reduction in SABA overprescribing. Although ICS prescribing increased during the study period, the increase did not reach statistical significance.

Editor's Comments: This study was conducted during the COVID-19 pandemic, which may have influenced implementation due to new clinical and administrative workflows. In addition, the study evaluated prescriptions provided rather than medications used which introduces possible confounding. Even so, the findings highlight the value of system-wide prescribing interventions to impact prescribing rates. For UC clinicians, these results reinforce the importance of limiting unnecessary SABA prescribing and educating patients about the importance of long-term asthma control. ■

Primary Care Point-of-Care Ultrasound Core Curriculum

Take Home Point: This study suggests 40 point-of-care ultrasound (POCUS) examinations as the foundation of a frontline primary care physician POCUS core curriculum.

Citation: Andersen C, Løkkegaard T, Nayahangan L, et al. A core curriculum of point-of-care ultrasound examinations for frontline physicians in primary care: results from a European Delphi study. *Ultraschall Med.* 2026;47(2):160-170. doi:10.1055/a-2590-5242.

“Integrating POCUS education into UC training programs may help ensure clinicians are well prepared to perform these evaluations.”

Relevance: POCUS is increasingly being used as an initial diagnostic and assessment tool in frontline clinical practice. As UC continues to expand, clinicians may increasingly rely on POCUS to improve diagnostic efficiency and overall patient care.

Study Summary: The authors conducted a systematic general needs assessment to generate consensus on ultrasound examinations that should be included in a core ultrasound curriculum for frontline primary care physicians. A total of 95 eligible primary care physicians from 28 European countries participated. These physicians with prior POCUS experience completed multiple surveys regarding which examinations should be included and whether a core curriculum would be feasible within primary care training.

Consensus identified 40 POCUS applications appropriate for primary care settings. Ultrasound-guided procedures were excluded from the proposed curriculum. The consensus applications covered 13 anatomical regions including abdominal, gallbladder, liver, urinary tract, spleen, cardiac, pulmonary, musculoskeletal, head and neck lymph node, male and female pelvic, skin, and vascular examinations. Examples included knee effusions, abscesses, foreign body, and deep vein thrombosis evaluation.

Editor's Comments: This study outlines a strong foundation of POCUS examinations that UC clinicians may wish to incorporate as they expand their diagnostic skill set. As handheld ultrasound devices become more affordable and increasingly integrate with smartphone-based platforms, POCUS will likely continue to grow in relevance within UC settings. Recent presentations at the Urgent Care Association Conference further support this trend. Integrating POCUS education into UC training programs may help ensure clinicians are well prepared to perform these evaluations. ■