Acute Bronchitis in Ambulatory Adults

Key points
- More than 90% of acute cough illnesses are non-bacterial
- Multiple studies show that patients with acute bronchitis do not benefit from antibiotic therapy
- Symptoms may last up to 3 weeks
- Evaluation should focus on excluding pneumonia or other severe disease
- Purulent green or yellow sputum alone is not predictive of bacterial infection

Possible signs and symptoms of acute bronchitis ("chest cold"):
- Productive cough (may be dry the first few days)
- Chest soreness
- Wheezing
- Fatigue
- Mild headache
- Mild body aches
- Low-grade fever (less than 102°F)

Acute exacerbation of COPD not covered in this guideline

Differential diagnosis:
- Non-specific URI
- Asthma
- Community-acquired pneumonia
- Acute exacerbation of COPD
- Post-nasal drip

Clinical picture consistent with acute bronchitis

Any of the following present? (may suggest pneumonia)
- Ill-appearing
- High fever or other constitutional symptoms
- Tachypnea
- Tachycardia
- Evidence of lung consolidation on physical exam

Yes

Chest X-ray (if available)

Infiltrate

Refer to guideline for community-acquired pneumonia

No infiltrate

No

Uncomplicated acute bronchitis likely*

Antibiotic therapy <u>not</u> indicated*

Recommend specific symptomatic therapy:

<u>Children</u>
- Encourage fluids
- Fever control (acetaminophen or NSAIDs)

<u>Adults</u>
- Bronchodilator (β-agonist) therapy shortens the duration of cough
- Dextromethorphan or codeine for cough
- Acetaminophen or NSAIDs for fever/pain

Implement communication tips from page 1

<u>Note:</u> This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment

<u>References:</u> http://www.cdc.gov/getsmart/campaign-materials/info-sheets/adult-acute-cough-illness.html (accessed 12/30/09); *Ann Intern Med 2000; 133:981-991*

*If pertussis or influenza are suspected clinically, initiate diagnostic testing and consider empiric therapy