

Management of Uncomplicated Acute Bronchitis in Adults

The following guideline recommends assessment, diagnosis, treatment and counseling interventions for the management of uncomplicated acute bronchitis in adults.

Eligible Population	Key Components	Recommendation and Level of Evidence
Adults 18 years or older with clinical suspicion of uncomplicated acute bronchitis	Assessment	<ul style="list-style-type: none"> ◆ Perform thorough history (including tobacco use status [A]) and physical exam ◆ Assess the likelihood of uncomplicated acute bronchitis using the following items: <ul style="list-style-type: none"> - Acute respiratory infection (ARI) manifested predominantly by cough, with or without sputum production lasting no more than 3 weeks - No clinical evidence of pneumonia - Common cold, acute asthma, or exacerbation of COPD have been ruled out as cause of cough - Consider other diagnoses if cough persists greater than 3 weeks
	Diagnosis	<p><u>Clinical Information and Testing:</u></p> <ul style="list-style-type: none"> ◆ Presumed diagnosis of acute bronchitis: <ul style="list-style-type: none"> - ARI and cough with or without sputum production lasting no more than 3 weeks - No clinical evidence of pneumonia ◆ Viral cultures, serologic assays and sputum analyses should not be routinely performed [C] ◆ Chest x-ray is not indicated if all of the following are present [B]: <ul style="list-style-type: none"> - Acute cough and sputum production suggestive of acute bronchitis - Heart rate < 100 beats/min - Respiratory rate < 24 breaths/min - Oral temperature < 38° C (100.4° F) - Chest exam lacks findings of focal consolidation, egophony or fremitus
	Treatment	<ul style="list-style-type: none"> ◆ Condition is a self-limited respiratory disorder. Symptomatic treatment only. Routine treatment with antibiotics is not justified and should not be offered. Avoid antibiotics [A] ◆ Beta₂agonist bronchodilators should not be routinely used to alleviate cough. In select patients with wheezing, treatment with beta₂agonists bronchodilators may be useful [C] ◆ Antitussive agents can be offered for short-term symptomatic relief of coughing [C] ◆ Mucokinetic (mucolytic) agents are not recommended (no consistent favorable effect) [D]
	Education and counseling	<p><u>Educate patient/family regarding:</u></p> <ul style="list-style-type: none"> ◆ Condition often does not require medical treatment ◆ Inform patient that cough may last for 3 weeks ◆ Routine use of antibiotics is not recommended [A] ◆ Use the term "chest cold" which is associated with less patient belief that antibiotics are needed ◆ Rest and increasing fluid intake ◆ Smoking cessation and second-hand smoke avoidance [C] (<i>See also MQIC Tobacco Control Guideline</i>)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including the American College of Chest Physicians Chronic Cough Due to Acute Bronchitis: ACCP Evidence-Based Clinical Practice Guidelines, 2006 (www.chestjournal.org). Individual patient considerations and advances in medical science