



## Michigan Quality Improvement Consortium Guideline

*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"> <li>◆ Perform thorough history (including tobacco use status <b>[A]</b>) and physical exam</li> <li>◆ Assess the likelihood of uncomplicated acute bronchitis using the following items:               <ul style="list-style-type: none"> <li>- Acute respiratory infection (ARI) manifested predominantly by cough, with or without sputum production lasting no more than 3 weeks</li> <li>- No clinical evidence of pneumonia</li> <li>- Common cold, reflux esophagitis, acute asthma, or exacerbation of COPD have been considered</li> <li>- Consider other diagnoses if cough persists greater than 3 weeks</li> </ul> </li> </ul>   |
|  | Diagnosis                | <p><b>Clinical Information and Testing:</b></p> <ul style="list-style-type: none"> <li>◆ Presumed diagnosis of acute bronchitis:               <ul style="list-style-type: none"> <li>- ARI and cough with or without sputum production lasting no more than 3 weeks</li> <li>- No clinical evidence of pneumonia</li> </ul> </li> <li>◆ Viral cultures, serologic assays and sputum analyses should not be routinely performed <b>[C]</b></li> <li>◆ <b>Purulent sputum is not predictive of bacterial infection and by itself is not an indication for a chest x-ray</b></li> <li>◆ Chest x-ray can be considered if <b>[B]</b>:               <ul style="list-style-type: none"> <li>- Heart rate &gt; 100 beats/min</li> <li>- Respiratory rate &gt; 24 breaths/min</li> <li>- Oral temperature &gt; 38° C (100.4° F)</li> <li>- Lung examination suggestive of focal consolidation</li> </ul> </li> </ul> |
|  | Treatment                | <ul style="list-style-type: none"> <li>◆ <b>Avoid antibiotics [A]</b></li> <li>◆ Symptomatic treatment only.</li> <li>◆ Beta<sub>2</sub>agonist bronchodilators should not be routinely used to alleviate cough. In select patients with wheezing, treatment with beta<sub>2</sub>agonists bronchodilators may be useful <b>[C]</b></li> <li>◆ Antitussive agents can be offered for short-term symptomatic relief of coughing <b>[C]</b></li> <li>◆ Mucolytic agents are not recommended (no consistent favorable effect) <b>[D]</b></li> </ul>   |
|  | Education and counseling | <p><b>Educate patient/family regarding:</b></p> <ul style="list-style-type: none"> <li>◆ Use of antibiotics is not recommended <b>[A]</b></li> <li>◆ Condition is a self-limited respiratory disorder</li> <li>◆ Inform patient that cough may last for 3 weeks</li> <li>◆ Rest and increase oral fluid intake</li> <li>◆ Smoking cessation and second-hand smoke avoidance <b>[C]</b> (<i>See also MQIC Tobacco Control Guideline</i>)</li> </ul>   |

**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](http://www.chestjournal.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.