evidence based guidelines

ACUTE BRONCHITIS - UNCOMPLICATED

Inclusion Criteria

Symptoms (cough with/without phlegm) associated with respiratory illness present for ≤ 3 weeks
Illness is not severe (no signs of sepsis, hemoptysis, hypoxia, significant dyspnea, etc.)
Patient is not immunocompromised (i.e. using biologic/rheumatologic/anti-rejection medication, undergoing chemotherapy or with advanced cancer, not advanced age)
Other conditions are less likely to be the primary cause (GERD, post-nasal drip, asthma, COPD)
No recent travel history to suggest an "emergent illness" (e.g. SARS)

Diagnostics

Chest x-ray is appropriate if:

- Heart rate > 100 beats/min
- Respiratory rate > 24 breaths/min
- Oral temperature> 38°C (100.4°F)
- Oxygen saturation <95%
- Lung examination indicates focal consolidation (rales, egophony, asymmetric breath sounds)

Note: Purulent sputum alone is not an indicator to order imaging or antibiotics

Consider nasopharyngeal swab for pertussis if symptoms and/or exposure suggest it.
Consider point-of-care testing for treatable viral illnesses (i.e. COVID-19, influenza, RSV)
Procalcitonin can be considered if need for antibiotics is unclear.

Treatment

****Avoid antibiotics****

Symptomatic treatment as appropriate

- Smoking cessation
- Honey, throat lozenges, hot tea
- OTC cough medication: dextromethorphan, guaifenesin
- Benzonatate 100-200mg three times daily as needed
- Risks of opioid cough medication (codeine, hydrocodone) outweigh the benefits for the vast majority of patients.

Patients with wheezing on exam but no history of COPD or asthma may benefit from short-acting beta agonists. **Use of oral corticosteroids is not recommended in this group of patients**.

Patient Education

Patients and caregivers should be educated about the benign, self-limited nature of this condition.
Encourage rest and increased fluid intake.
Seek medical care if symptoms worsen or persist for more than 3 weeks.

APPROVED BY:
Quality & Care Management Committee,
Holland Physician Hospital Organization
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