

evidence based guidelines

ACUTE BRONCHITIS - UNCOMPLICATED

Assessment Considerations

Consider this diagnosis when patient has acute respiratory infection with cough, lasting less than 3 weeks.

Rule out pneumonia and immunocompromised status. If patient's cough lasts longer than 3 weeks, other diagnoses should be deliberated.

Differential Diagnoses: common cold, reflux esophagitis, acute asthma, COPD exacerbation.

Diagnostics

Chest x-ray appropriate if:

- Heart rate > 100 beats/min
- Respiratory rate > 24 breaths/min
- Oral temperature > 38°C (100.4°F)
- Lung examination indicates focal consolidation

Note: Purulent sputum alone is **not** an indicator for chest x-ray.

Viral cultures, serologic assays, and sputum analyses are not necessary with this diagnosis. Consider only if other factors are present (ie.—history of exposure to other infectious disease)

Treatment

Avoid antibiotics. Note: purulent sputum alone is **not** an indicator for antibiotic therapy.

Symptomatic treatment as necessary, such as antitussives for cough. Note: research has shown that mucolytics have no consistent benefit.

Beta2agonist bronchodilators are only recommended for short-term use in certain patients with significant wheezing. This should **not** be a routine treatment option.

Patient Education

Patients and caregivers should be educated that antibiotics are not appropriate for treating uncomplicated acute bronchitis. Rest and increased oral fluid intake are to be encouraged.

The patient should expect to feel symptoms for 3 weeks. If cough persists for more than 3 weeks, patient should follow up with provider.

Smoking cessation and tobacco smoke avoidance should be emphasized.

APPROVED BY:

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