



Guidelines for Management of Cough Illness and Bronchitis

Problem: Cough illness / Bronchitis in otherwise Healthy Children

Diagnosis:

- Cough in an otherwise well-appearing child
- Fever
 - * frequent in the first 2 days of viral illness
 - * resolves as the child recovers

Did You Know:

- Randomized trials demonstrate NO BENEFIT from antibiotics, either for treatment or prophylaxis
- In the absence of clinical signs of pneumonia
 - * production of sputum/character of sputum ARE NOT predictive of bacterial etiology
 - * culture of sputum or nasal secretions IS NOT recommended

Recommended Action:

- Reassure and educate parents
- Counsel parents to protect children from environmental cigarette smoke
- Suggest over-the-counter remedies for relief of symptoms
- Avoid antibiotics
- Advise parents to return if the symptoms do not resolve

Problem: Progressive Cough with duration ≥ 10 days in otherwise Healthy Children

Diagnostic Considerations:

- Most prolonged coughs are allergic, viral or postinfectious
- *Mycoplasma pneumoniae* may cause pneumonia and prolonged cough (usually in children > 5 yrs.)
- Pertussis causes paroxysms of cough followed by inspiratory whoop; post-tussive emesis; or apnea

Did You Know:

- 20% of rhinovirus colds result in cough ≥ 14 days
- Pertussis
 - * can present with prolonged cough and NO whoop in older children
 - * should be reported to the local health department immediately

Recommended Action:

- Antibiotics are RARELY indicated
- Use a macrolide antibiotic if mycoplasma is suspected
- Use a bronchodilator for reactive airway disease
- For markedly prolonged cough, 4-8 weeks,
 - * make a diagnosis: there are numerous considerations to be investigated
 - * AVOID empiric antibiotics

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For more complete guidance:
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