EPPA

Telemedicine Protocols: Cough

Condition: URI, Bronchitis
Population: Adult and Peds (>1 year), M/F

HPI

Onset/Duration: **xx** days/weeks

Severity: Mild/moderate/severe

Associated Symptoms:
- Fever: subjective/objective
- SOB: none/exertional/rest/orthopnea/wheezing
- Ear: pain, congested/muffled, L/R
- Throat: hoarseness, sore throat
- Nose: rhinorrhea, congestion
- Eye: Injection, drainage, L/R
- Neuro: change in activity/alertness

PMFS: Review

Note: COPD, CHF, Asthma.

Social: Smoking status, smoke exposure

ROS as in HPI

EXAM

Vitals:
- Temp: Patient/family reports
- HR: patient/family count for 15 seconds then x 4
- RR: count

Respiratory: Normal effort, speaks in full sentences, no stridor.

Eyes: Injection, drainage, L/R

Neuro: Mental status - alert and interacting

MDM

Well appearing, no subjective or objective dyspnea, short duration, normal exam.

Acute uncomplicated bronchitis:
- Is cough illness 2-3 weeks
- May be associated with rhinorrhea, fever, hoarseness, conjunctival injection.

URI

- **Care is supportive/symptomatic:** fluids, honey, elevate HOB, saltwater gargle, rest, OTC analgesics, mucolytics, OTCs (throat lozenges, nasal sprays, antihistamines, decongestants, saline nasal drops). Avoid decongestants in peds.

Considerations:
- Ddx of concern: influenza, COVID, asthma, CHF, COPD, PE
- Smoking is not indication for abx
- Sputum production does not differentiate viral/bacterial
- Consider pertussis: paroxysmal, “whoop”, post-tussive emesis or syncope
- Chronic cough, particularly with risk factors of age or smoking, requires imaging.
- Shared decision making if >2-3 weeks, empiric abx for atypical pneumonia versus CXR
- Refer for exam if dyspnea, altered mental status, concern for other diagnosis

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