



MANAGEMENT OF Uncomplicated Acute Bronchitis in Adults

This EPPA Clinical Guideline is intended to guide most, but not all, encounters involving acute bronchitis in adults and should not replace clinical judgment; deviate from or adapt this guideline to meet the individual patient's needs.

- Acute Uncomplicated Bronchitis is defined as cough illness that is less than 2 - 3 weeks.
- This is predominantly a viral pathology - influenza A/B, parainfluenza, RSV, corona, adeno, and rhinoviruses.
- Non-viral causes (5% - 10%) – bordetella pertussis, mycoplasma pneumonia, and chlamydia pneumonia.

Symptoms
Rhinorrhea, Cough, Fever, Hoarseness, Injection of the Conjunctiva
Sputum production does not imply bacterial infection.

Presentation Suggestive of Viral Etiology:
Well appearing.
Non-smoking.
Normal vitals.
No physical signs of pneumonia.*

Treatment:
Increase fluid intake.
Honey.
Consume nutritious diet as tolerated.
Elevate head of bed.
Salt water gargle.
Get adequate rest.

Over The Counter:
(May provide temporary relief)
Throat lozenges.
Nasal sprays.
Antihistamines.
Decongestants.
Saline nose drops.
Analgesics.

Presentation Suggestive of Bacterial Etiology:
Treatment with antibiotics should be considered.
Cough with longer duration (2-3 weeks) that is not improving.
Focal Exam with lateralizing abnormal breath sounds i.e. wheezing/rhonchi.
Abnormal vitals: T>38, HR>100,RR>24
With focal exam/abnormal vitals CXR is recommended.

Antibiotic Selection:
(Based on expected pathogens)
Azithromycin 500mg day 1 then 250 mg x 4days
Doxycycline 100mg BID x 7-10 days.
SMP/TMX 160mg/80mg BID 10 days.

Treatment:
Increase fluid intake.
Honey.
Consume nutritious diet as tolerated.
Elevate head of bed.
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Get adequate rest.

Over The Counter:
(May provide temporary relief)
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Analgesics.

*Absence of abnormalities in vital signs and normal chest examination are sufficient enough where further diagnostic testing is usually not necessary (i.e. CXR).



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References:

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Key Points:

- Patients who smoke and present with uncomplicated acute bronchitis (normal VS and exam) do not benefit from antibiotics.
- Patients may request or demand antibiotics. Reassure the patients and try to give them realistic time frames. Educate them on active and non-pharmacologic treatments.
- Antibiotic use in URI/cough illness does not prevent bacterial complications.

Bordetella Pertussis

- Difficult to differentiate from other cough illness but common symptoms include:
 - Paroxysmal Cough.
 - “Whoop”
 - Post-Tussive Emesis.
 - Post-Tussive Syncope.
- Patients to test with PCR and/or culture.
 - High clinical suspicion, recent exposure, or presents with the above symptoms. The more symptoms present, the greater the likelihood of pertussis.
 - Sensitivities of PCR and culture diminished with duration of illness.

Mycoplasma Pneumonia

- Difficult to differentiate from other cough illness but common symptoms include:
 - Cough.
 - Tracheobronchitis.
 - Pharyngitis.
 - Headache.
 - Malaise.
 - Fatigue.

Chlamydia Pneumonia

- Difficult to differentiate from other cough illness but common symptoms include:
 - Dry Cough.
 - Fever Initially.
 - Sinus Pain.
 - Malaise.

Follow-Up Resources:

- Primary Care