Is cough present > 5 days and less than 3 weeks?

YES

Is cough paroxysmal? Is there post-tussive vomiting?

YES

Consider pertussis.

NO

Review past medical history for:
- COPD
- Bronchiectasis
- Immunocompromised state

PRESENT

These high-risk patients are excluded from algorithm.

ABSENT

Can pneumonia be excluded?
- HR < 100
- RR < 24
- T < 38
AND Chest exam without evidence
AND Age < 75*

NO

Recommend CXR to exclude pneumonia*
*Patients age > 75 may not have clinical signs of pneumonia (lower threshold for x-ray).

YES (no need for CXR)

Are upper airway symptoms most notable?
- Throat clearing
- Sense of drip

YES

Most likely diagnosis: common cold
No antibiotics; offer supportive care.

NO

Most likely diagnosis: acute bronchitis
Is wheeze present?

NO

Cough suppressants
(dextromethorphan OR codeine)

YES

Bronchodilators may be helpful; if recurrent, consider asthma or CHF exacerbation as diagnosis.

**ACUTE BRONCHITIS PEARLS**

Do:
- Antitussives can be helpful (dextromethorphan OR codeine)
- Bronchodilators helpful in select patients with wheezing

Don’t:
- Antibiotics not recommended; < 6% acute bronchitis bacterial and most of those cases little improvement with antibiotics. Smokers without COPD are not high risk and do not need antibiotics.
- Expectorants and mucolytics not helpful (guaifenesin [Mucinex])

Risk factors for complications — may consider antibiotics in these patients:
- COPD or bronchiectasis
- Immunocompromised
- CHF

Smokers, diabetics, and asthmatics are not high risk for bacterial infection.

*Patients age > 75 may have pneumonia even without focal chest findings.

After Chest 2006;129:95S–103S.

Guidelines and algorithms are intended to provide assistance in the diagnosis and management of various conditions. Their use is not mandatory and is not a substitute for clinical judgment. Clinicians are responsible for deciding on their relevance to any particular patient or clinical situation and for using them appropriately.