



## Management of Uncomplicated Acute Bronchitis in Adults

The following guideline recommends assessment, diagnosis, treatment and counseling interventions for the management of uncomplicated acute bronchitis in adults.

Eligible Population	Key Components	Recommendation and Level of Evidence
Adults 18 years or older with clinical suspicion of uncomplicated acute bronchitis	Assessment	<ul style="list-style-type: none"> <li>• Perform thorough history (including tobacco use status [A]) and physical exam</li> <li>• Assess the likelihood of uncomplicated acute bronchitis using the following items:               <ul style="list-style-type: none"> <li>➢ Acute respiratory infection (ARI) manifested predominantly by cough, with or without sputum production lasting no more than 3 weeks</li> <li>➢ No clinical evidence of pneumonia</li> <li>➢ Common cold, acute asthma, or exacerbation of COPD have been ruled out as cause of cough</li> <li>➢ Consider other diagnoses if cough persists greater than 3 weeks</li> </ul> </li> </ul> <p><b>The diagnosis of <u>acute bronchitis</u> should be made <u>only</u> when there is no clinical or radiographic evidence of pneumonia, and the common cold, acute asthma, or an exacerbation of COPD has been ruled out as the cause of cough. The diagnosis of <u>complicated bronchitis</u> should be considered if patient has a temperature &gt; 100.4, HR &gt; 100, RR &gt; 24, or persistent sputum production beyond 3 weeks.</b></p>
	Diagnosis	<p><b>Clinical Information and Testing:</b></p> <ul style="list-style-type: none"> <li>• Presumed diagnosis of acute bronchitis:               <ul style="list-style-type: none"> <li>➢ ARI and cough with or without sputum production lasting no more than 3 weeks</li> <li>➢ No clinical evidence of pneumonia</li> </ul> </li> <li>• Viral cultures, serologic assays and sputum analyses should not be routinely performed [C]</li> <li>• Chest x-ray is not indicated if all of the following are present [B]:               <ul style="list-style-type: none"> <li>➢ Acute cough and sputum production suggestive of acute bronchitis</li> <li>➢ Heart rate &lt; 100 beats/min</li> <li>➢ Respiratory rate &lt; 24 breaths/min</li> <li>➢ Oral temperature &lt; 38° C (100.4° F)</li> <li>➢ Chest exam lacks findings of focal consolidation, egophony or fremitus</li> </ul> </li> </ul>



	Treatment	<ul style="list-style-type: none"> <li>➤ Condition is a self-limited respiratory disorder. Symptomatic treatment only. <b>Antibiotics should not be used to treat uncomplicated acute bronchitis in adults. [A]</b></li> <li>➤ Beta2agonist bronchodilators should not be routinely used to alleviate cough. In select patients with wheezing, treatment with beta2agonists bronchodilators may be useful [C] <ul style="list-style-type: none"> <li>➤ Antitussive agents can be offered for short-term symptomatic relief of coughing [C]</li> <li>➤ Mucokinetic (mucolytic) agents are not recommended (no consistent favorable effect) [D]</li> </ul> </li> </ul>
	Education	Educate patient/family regarding: <ul style="list-style-type: none"> <li>➤ Condition often does not require medical treatment</li> <li>➤ Inform patient that cough may last for 3 weeks</li> <li>➤ <b>Routine use of antibiotics is not recommended [A]</b></li> <li>➤ <b>Use the term "chest cold" which is associated with less patient belief that antibiotics are needed</b></li> <li>➤ Rest and increasing fluid intake</li> <li>➤ Smoking cessation and second-hand smoke avoidance [C]</li> </ul>

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

#### Measurement of Efficacy of the Clinical Practice Guideline

One element is measured to gauge the efficacy of the practitioner’s compliance with the Clinical Practice Guideline. This measure is:

1) **HEDIS® Measure:**

Clinical Practice Guideline (CPG)	HEDIS® Measure
Management of Uncomplicated Acute Bronchitis in Adults	<ol style="list-style-type: none"> <li>1. The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were <u>not</u> dispensed an antibiotic prescription.</li> <li>2. Outpatient or ED visit with any diagnosis of acute bronchitis during the Intake Period.</li> </ol>

**References:**

1. The Michigan Quality Improvement Consortium “Management of Uncomplicated Acute Bronchitis in Adults” May, 2008.
2. The American College of Chest Physicians Chronic Cough Due to Acute Bronchitis: ACCP Evidence-Based Clinical Practice Guidelines, 2006