

Diagnosis

- Acute bronchitis is the presence of a cough with or without sputum production that lasts less than 3 weeks and that generally starts in the setting of a viral upper respiratory tract infection.¹
- Acute bronchitis can be distinguished from pneumonia by the absence of fever or shortness of breath and a chest exam without findings suggesting consolidation.
 - If vital signs and chest exam are normal, the probability of pneumonia is low and a chest x ray is generally not necessary.
- The presence of purulent sputum or wheezing does not indicate a bacterial infection.

Treatment

- Antibiotic treatment of acute bronchitis is not recommended because it does not impact either the severity or duration of cough.¹
- Antibiotic treatment of acute bronchitis does not prevent complications such as asthma exacerbation, bronchiolitis, or pneumonia.
- Symptomatic treatment can be considered in patients with cough that is causing disruption in daily activities or sleep.
 - The American Academy of Pediatrics recommends avoiding cough and cold medicines for children < 6 years because of reports of serious adverse events such as hypertension, apnea, and cardiac toxicities. They are also generally not advised for children under 12 years of age.
 - Over-the-counter medications^{1,2}
 - Dextromethorphan
 - Guaifenesin
 - Combination antihistamine-decongestants
 - Prescription medications¹
 - Benzonatate
 - Codeine
 - Beta-agonists (if wheezing is present)³
 - Non-medicine supplements
 - Honey (ONLY for children over 1 year of age)⁴

Prevention

- Viruses that cause colds and acute bronchitis are spread by hand contact and droplets. To avoid transmission to others, encourage frequent handwashing, avoiding touching the face, coughing and sneezing into a tissue or arm rather than hand, and wearing a face mask.

Followup

- Patients should be advised that the cough from acute bronchitis often lasts 3 weeks
- Patients should be instructed to recontact the clinic if they develop fever, shortness of breath, or chest pain; if the cough increases in extent or frequency; or if a significant cough persists beyond 3 weeks.

References

1. Smith MP, Lown M, Singh S, et al. Acute Cough Due to Acute Bronchitis in Immunocompetent Adult Outpatients: CHEST Expert Panel Report. *Chest*. 2020 Feb 21;S0012-3692(20)30329-9. PMID: 32092323.
2. Smith SM, Schroeder K, Fahey T. Over-the-counter (OTC) medications for acute cough in children and adults in community settings. *Cochrane Database of Syst Rev*. 2014 Nov 24;(11):CD001831. PMID: 25420096.
3. Becker LA, Hom J, Villasis-Keever M, et al. Beta2-agonists for acute cough or a clinical diagnosis of acute bronchitis. *Cochrane Database of Syst Rev*. 2015 Sep 3;(9):CD001726. PMID: 26333656.
4. Oduwole O, Udoh EE, Oyo-Ita A, et al. Honey for acute cough in children. *Cochrane Database of Syst Rev*. 2018 Apr 10;4:CD007094. PMID: 29633783.

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