

# ACUTE COUGH IN CHILDREN (cough less than 3 weeks in duration)

## V1.1

### Comments from the Expert Advisory Group

- GPs can use the [Respiratory infection information leaflet \(including self-care and safety-netting advice\)](#) during consultations with patients aged 3 months and above presenting with acute cough or bronchitis where there is no immediate need for an antibiotic
- Consider coronavirus as a differential diagnosis in a patient presenting with a cough and follow HPSC guidance on assessment and testing.
- Young children develop 6-12 respiratory tract infections per year usually accompanied by cough
  - In most children the cough can last 1-3 weeks
- Acute cough in children is mainly caused by a self-limiting viral upper respiratory tract infection and resolves without antibiotics within 3-4 weeks.
  - Associated symptoms include coryza, sneezing, pyrexia in a clinically well child
  - It can also be caused by a lower respiratory tract infection, which are usually viral, but sometimes can be bacterial.
- Antibiotics do not generally improve the overall clinical condition.
- Antibiotics are not indicated for acute cough in children, unless child is systemically very unwell or at high risk of complications. Antibiotics (delayed or immediate) may be considered for children with high risk of complications.
- Give general advice to people about: the usual course of acute cough (lasts up to 3 or 4 weeks) how to manage their symptoms with self-care.
- Ensure vaccinations up to date
- Avoid exposure to irritants such as cigarette smoke
- Safety netting
  - Return if child becomes irritable/drowsy/decreased urine output/change in breathing/temp >39 degrees/rigors / otherwise systemically very unwell
  - Return if symptoms don't improve after 3-4 weeks.
- Signs of a lower respiratory tract infection include tachypnoea, increased work of breathing and focal chest signs which may be due to pneumonia/bronchiolitis or asthma.
- Two most useful features to rule out pneumonia in a GP setting are absence of difficult or laboured breathing and absence of GPs subjective assessment that a child is unwell.

### Symptom relief

- Honey can be used in children >1 year of age for a soothing effect if no dental concerns. (e.g. hot water with honey and lemon)
- Paracetamol and (if appropriate ibuprofen) are recommended for associated pain
- Advise to consult pharmacist for symptom relief
- There is no role for cough remedies, decongestants or antihistamines

### Treatment

- GPs can use the [Respiratory infection information leaflet \(including self-care and safety-netting advice\)](#) during consultations with patients aged 3 months and above presenting with acute cough or bronchitis where there is no immediate need for an antibiotic.
- Antibiotics are usually not indicated for acute cough in children.
- Consider antibiotic only if child is systemically very unwell (immediate antibiotic) or at high risk of complications (immediate or delayed antibiotic).

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- If Community Acquired Pneumonia (CAP) is suspected, refer to the CAP guidelines for children

## Patient Information

[HSE Common illnesses](#)