

# **ACUTE COUGH / BRONCHITIS (ADULTS) Version 2.1**

## **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 presenting with acute cough / bronchitis where there is no immediate need for an antibiotic.
- Acute bronchitis is a self-limiting inflammation of the bronchi (which sometimes also involves the trachea as tracheobronchitis) characterized by cough as the predominant symptom; and at least one other lower respiratory tract symptom, such as sputum production, wheezing, chest pain; and the absence of another explanation for the symptoms (eg community acquired pneumonia/bronchopneumonia, infective exacerbation of COPD).
- Viruses cause 85-95% of cases of acute bronchitis in healthy adults. In some patients, with underlying conditions antibiotics may reduce symptoms by 12 hours but 1 in 24 patients will be harmed by the antibiotic (NNH 24).
- For acute cough with suspected community acquired pneumonia follow community acquired pneumonia guidance.
- For acute cough associated with an infective exacerbation of COPD see infective exacerbation of COPD guidance.
- Consider a viral respiratory illness as a differential diagnosis in a patient presenting with a cough. Follow HPSC guidance (<https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/antiviraltreatmentandprophylaxisguidance/>) on assessment and testing for patients presenting with a cough.
- Advise on symptom control, rest and hydration (see symptom relief below).
- Advise patient that acute cough may persist for up to 3-4 weeks.
- Yellow/green coloured sputum does not necessarily indicate bacterial infection or the need for antibiotics.
- Advise patient to seek medical attention if symptoms worsen rapidly or significantly, or they become systemically very unwell.

## **Symptom relief**

- Honey (e.g. hot water with honey and lemon) can be used for soothing effect.
- Dextromethorphan, and guaifenesin-containing products (available over the counter in pharmacies) have limited evidence for alleviating symptoms.
- Codeine based products are not recommended as they have no proven efficacy and pose risk of adverse effects. In addition the suppression of cough can be deleterious to proper airway clearance.
- Paracetamol and (if appropriate ibuprofen) are recommended for associated pain.
- Advise to consult pharmacist for symptom relief.

## **Treatment**

- GPs can use the [Respiratory infection information leaflet \(including self-care and safety-netting advice\)](#) during consultations with patients presenting with acute cough / bronchitis where there is no immediate need for an antibiotic.
- Acute cough / bronchitis is caused mainly by viruses and is a self-limiting condition. In the majority of cases, antibiotics are not indicated.
- The antibiotic treatment table has been removed to reflect international best practice.

## **ACUTE COUGH / BRONCHITIS (ADULTS) Version 2.1**

### **Patient Information**

- [HSE information: cough](#)
- [HSE information: coronavirus](#)
- [HSE information : flu](#)