

Cough Illness / Bronchitis* -- Children

Cough without evidence of pneumonia

ACUTE / < 3 WEEKS COUGH

Most cough illness in children is caused by viral pathogens.

Antibiotic treatment does not prevent bacterial complications such as pneumonia.

Rhinovirus often triggers a cough that lasts up to 2 weeks.

The presence of sputum and its characteristics are not helpful in distinguishing bacterial from viral infections.

Management

Do not use antibiotics for cough less than 3 weeks in a well-appearing child without clinical evidence of pneumonia.

Therapeutic measures include: avoid cigarette smoke, consider bronchodilators, drink plenty of liquids, steam (e.g., from shower or bath) to loosen secretions, acetaminophen or ibuprofen as needed for fever or pain, and adequate rest.

These guidelines were produced in collaboration with the Infectious Diseases Society of Oregon.

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CHRONIC / > 3 WEEKS COUGH

Consider pertussis in children with paroxysmal cough, inspiratory whoop, or history of exposure.

In children >5 years of age, consider *M. pneumoniae* or *C. pneumoniae*.

Non-infectious causes that need to be ruled out:

- Allergies
- Habit cough
- Sinusitis
- Cystic fibrosis
- Foreign body aspiration
- Reactive airway disease
- Second-hand smoke exposure
- Gastroesophageal reflux disease (GERD)

Management

Treat confirmed *B. pertussis* with a macrolide (erythromycin, azithromycin, or clarithromycin).

Treat *M. pneumoniae* or *C. pneumoniae* with a macrolide, or, if >8 years of age, tetracycline.

For other etiologies, direct therapy to the specific underlying cause.

* The term *bronchitis* triggers an expectation for antibiotics and should be avoided or carefully explained. Other terms, such as "chest cold," may be preferable.