



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management of Uncomplicated Acute Bronchitis in Adults](#)

Released: May 2018

This alert provides a summary of updated recommendations only. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible population

Healthy adults 18 years or older with clinical suspicion of uncomplicated acute bronchitis

Assessment

Assess the likelihood of uncomplicated acute bronchitis using the following items:

- Acute respiratory infection (ARI): cough, with or without sputum production lasting up to (or \leq) 3 weeks

Diagnosis

Presumed diagnosis of acute bronchitis:

- No clinical evidence of pneumonia, respiratory distress, hypoxemia or sepsis
- Chest x-ray can be considered if: pulse > 100 , respirations > 24 , fever $> 38^{\circ} \text{C}$ (100.4°F) oral, exam shows lung consolidation

Education and counseling

- Educate patient/family use of antibiotics is not recommended
- Acute bronchitis is a self-limited respiratory disorder, with cough, lasting up to 3 weeks
- Rest and increase oral fluid intake; avoid smoke and second-hand smoke

For patients:

See a healthcare professional if you have:

Temperature higher than 100.4°F

Cough with bloody mucus

Shortness of breath or trouble breathing

Symptoms that last more than 3 weeks

Repeated episodes of bronchitis