MQIC **Michigan Quality Improvement Consortium Guideline**
Management of Uncomplicated Acute Bronchitis in Adults

The following guideline recommends assessment, diagnosis, treatment and counseling interventions for the management of uncomplicated acute bronchitis in adults.

Eligible Population	Key Components	Recommendation and Level of Evidence	

Healthy adults 18 years or older with clinical suspicion of uncomplicated acute bronchitis	Assessment	Perform thorough history (including tobacco use status **[A]**) and physical exam.
		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.
		  No clinical evidence of pneumonia, not immunocompromised.
		  Consider common cold, reflux esophagitis, acute asthma, or exacerbation of COPD.
		  Consider other diagnoses if cough persists greater than 3 weeks.
		  Consider travel history. Follow CDC guidelines regarding emerging illnesses.	

	Diagnosis	Presumed diagnosis of acute bronchitis:
		  ARI and cough with or without sputum production lasting no more than 3 weeks
		  No clinical evidence of pneumonia, respiratory distress, hypoxemia or sepsis
		Consider chest x-ray if: pulse > 100, respirations > 24, fever > 38° C oral, lung consolidation or dyspnea **[B]**
		Viral cultures, serologic assays and sputum analyses should not be routinely performed. **[C]** If pertussis is suspected (history of exposure/characteristic cough), consider PCR testing. **[D]**
		Purulent sputum is not predictive of bacterial infection and by itself is not an indication for a chest x-ray or antibiotic therapy. **[C]**	

	Treatment	**Avoid antibiotics [A]** Symptomatic treatment only Beta$_2$agonist bronchodilators should not be routinely used to alleviate cough. In select patients with significant wheezing, short-term treatment with beta$_2$agonist bronchodilators may be useful **[C]** Antitussive agents can be offered for short-term symptomatic relief of coughing **[C]** Mucolytic agents are not recommended (no consistent favorable effect) **[D]**	
	Education and counseling	**Educate patient/family use of antibiotics is not recommended, even if bacterial** 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 **[C]** Reduce viral spread by frequent hand hygiene, cough and sneeze hygiene, avoid touching face, stay home if ill Influenza and pertussis vaccine Check CDC website and local health department	**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

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel