**Acute Bronchitis Antibiotic Prescribing Decision Aid**

**Definition:** Symptoms of an acute respiratory infection where cough predominates, with or without sputum, lasting $\leq 3$ weeks AND there is no clinical or radiologic evidence of pneumonia, AND excludes asthma or COPD.¹ (Respiratory viruses are the most common cause, “Chest Cold”)

Clinical judgement in each situation is needed to determine if the Decision Aid applies

1. **In Otherwise Healthy Adults < Age 65 (and No Asthma or COPD)**

<table>
<thead>
<tr>
<th>Antibiotics generally NOT indicated due to minimal impact.¹²</th>
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<tbody>
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<td>- main consideration for antibiotic use in infection with cough is distinguishing from pneumonia</td>
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**ABSENCE** of the following reduces the likelihood of pneumonia sufficiently to eliminate need for a CXR¹:
- Heart rate $> 100$ beats/min
- Respiratory Rate $> 24$ breaths/min
- Temperature $> 38^\circ$C (oral)
- findings of consolidation, egophony, fremitus

If ANY present, consider a CXR and/or close follow up to reassess

A delayed antibiotic prescription can be considered where clinical uncertainty or other situational factors present  
(e.g. other clinical concern by physician, patient circumstance such as trip - Rx as per Community Acquired Pneumonia)

**Employ Safety-Netting:** Advice to notify office if symptoms worsen or need to start Rx to facilitate follow up

2. **In Adults 65 and Older With Co-Morbidity**

<table>
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<tr>
<th>Antibiotic treatment* often warranted in Persons $&gt; 80$ with one of the following, OR Age $&gt; 65$ with 2 or more of ³:</th>
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<tbody>
<tr>
<td>- Hospitalized in the previous year</td>
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<tr>
<td>- Diabetes</td>
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<td>- Congestive heart failure</td>
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<td>- Taking oral steroids or immunosuppressives</td>
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*Appropriate antibiotics include amoxicillin-clavulanate 875 mg po bid or respiratory fluoroquinolone (adjust dose as needed for renal function)

**NOTES:** Consider Influenza, RSV, pertussis if appropriate. Purulent sputum is not accurate in distinguishing pneumonia from acute bronchitis; Egophony - increased voice sounds resonance heard during auscultation.

**Supportive Care¹**

- Inhaled OR oral corticosteroids are ineffective and generally not indicated.
- Bronchodilators have no clear evidence supporting effectiveness and are not routinely recommended; may have role if wheezing⁴.
- Antitussives can be offered for short term where cough is distressing or painful.

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¹ Braman SS. Chronic cough due to acute bronchitis. ACCP evidence-based clinical practice guidelines. CHEST 2006; 1: 95S-103S.