Acute Bronchitis in Ambulatory Adults

Key points
- More than 90% of acute cough illnesses are non-bacterial
- Multiple studies show that patients with acute bronchitis do not benefit from antibiotic therapy
- Symptoms may last up to 3 weeks
- Evaluation should focus on excluding pneumonia or other severe disease
- Purulent green or yellow sputum alone is not predictive of bacterial infection

Possible signs and symptoms of acute bronchitis ("chest cold"):
- Productive cough (may be dry the first few days)
- Chest soreness
- Wheezing
- Fatigue
- Mild headache
- Mild body aches
- Low-grade fever (less than 102°F)

**Acute exacerbation of COPD not covered in this guideline**

Clinical picture consistent with acute bronchitis

Differential diagnosis:
- Non-specific URI
- Asthma
- Community-acquired pneumonia
- Acute exacerbation of COPD
- Post-nasal drip

Any of the following present? (may suggest pneumonia)
- Ill-appearing
- High fever or other constitutional symptoms
- Tachypnea
- Tachycardia
- Evidence of lung consolidation on physical exam

Uncomplicated acute bronchitis likely*

Antibiotic therapy not indicated*

Recommend specific symptomatic therapy:
**Children**
- Encourage fluids
- Fever control (acetaminophen or NSAIDs)

**Adults**
- Bronchodilator (β-agonist) therapy shortens the duration of cough
- Dextromethorphan or codeine for cough
- Acetaminophen or NSAIDs for fever/pain

Implement communication tips from page 1

Note: This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment.


*If pertussis or influenza are suspected clinically, initiate diagnostic testing and consider empiric therapy.