Chronic Cough and/or	Referral Guide:	Allergy
Wheezing	Page 1 of 1	
Diagnosis/Definition:		
Chronic cough is defined as an episode of persistent cough of 6 weeks duration or more.		
Initial Diagnosis and Management:		
Consider all conditions leading to these symptoms. These include sinusitis and other respiratory infections, gastroesophageal reflux, congestive heart failure and COPD. Cough is also a common side effect of certain medications. To the extent possible, these etiologies should be ruled out prior to referral.		
Ongoing Management and Objectives:		
-Rule out medication reaction, particularly secondary to ACE inhibitors. -Chest x-ray; findings suggestive of acute infection or other non-allergy disorder should be treated accordingly. Findings consistent with COPD should lead to a pulmonary referral for patients needing further evaluation. -Evaluation of GI symptoms: patients having significant upper gastrointestinal symptoms in conjunction with chronic respiratory complaints should be evaluated for gastroesophageal reflux, including a trial therapy. The index of suspicion for this etiology is higher in obese patients, those with nocturnal symptoms, and those over 50 years of age. -Consider a limited sinus CT for patients having significant upper respiratory symptoms. -Where spirometry is performed, in the absence of other findings patients having an FEV 1<80% of predicted or an FEB1/FVC ratio of less than 75% can be referred immediately. -In the absence of other findings, a cough persisting for over 2 months should be referred for evaluation with an allergist or pulmonologist.		
Indications for Specialty Care Referral:		
Test(s) to Prepare for Consult:	Test(s)) Consultant May Need To Do:
Rule out medication reaction, par secondary to ACE.	rticularly	
Criteria for Return to Primary Care:		

Revision History: Created Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

Revised