Department of Public Health
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Appropriate Treatment Guidelines in the Outpatient Setting: Acute, Uncomplicated Bronchitis in Adults

EPIDEMIOLOGY/ETIOLOGY[1,4]

- Acute, uncomplicated bronchitis affects ~5% of adults each year
- Most often caused by viruses
    - For example: RSV, influenza A/B, parainfluenza, rhinovirus
- If etiology is bacterial, it's often "atypical" bacteria, *C. pneumoniae*, *M. pneumoniae, or B. pertussis*
- "Typical" bacterial causes may include *H. influenzae*, *S. pneumoniae*, or *S. aureus*

SIGNS AND SYMPTOMS[1,2]

- Cough, malaise, difficulty breathing, wheezing
- Cough often persists for 10-20 days, but may last for over 4 weeks
- Colored sputum does *not* indicate bacterial infection

DIAGNOSIS[1,2]

- Based on clinical history, exam
- Microbiological testing usually does not change case management, except for suspected influenza or pertussis
- Focus should be on ruling out pneumonia; CXR not necessary unless pneumonia suspected

TREATMENT[2,3]

- Antibiotics should **NOT** be prescribed, even when bacterial infection is suspected, as bronchitis is a self-limited infection. Prescribing antibiotics presents a greater risk than benefit for most patients.
- **Antibiotics are prescribed inappropriately in >70% of ambulatory visits for acute bronchitis in the U.S., accounting for 44% of all antibiotics prescribed in outpatient settings**
- This audit tool may help identify opportunities to improve treatment for bronchitis
- Options for symptomatic therapy include:
    - Cough suppressants (codeine, dextromethorphan)
    - First-generation antihistamines (diphenhydramine)
    - Decongestants (phenylephrine)

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