



Clinical Guideline* | Acute Bronchitis

SUMMARY OF CLINICAL GUIDELINE	
Disease or Condition	Acute [Uncomplicated] Bronchitis*
Guideline Title:	Acute Bronchitis in Adults
Guideline Source:	American College of Physicians (ACP) and Centers for Disease Control (CDC)
Guideline Link	http://annals.org/aim/fullarticle/2481815/appropriate-antibiotic-use-acute-respiratory-tract-infection-adults-advice-high
Guideline Original Date	2001
Guideline Most Recent Revision Date	March 2016
CHC Review Dates	<p>Guidelines and Components in Summary were reviewed and approved on 1/10/2018 by the Acute Bronchitis Workgroup. Recommendations for adoption referred to the Board of Managers for approval on 1/18/2018.</p> <p>Guideline Approval/Update/Revision Meetings:</p> <ul style="list-style-type: none"> • Approved: January 18, 2018 • Revisions reviewed and approved January 21, 2021 • Will be reviewed with updates or at least every two years.
Guideline Summary	<p>The ACP made the following High-Value Care Advice:</p> <ul style="list-style-type: none"> • Clinicians should not perform testing or initiate antibiotic therapy in patients with bronchitis unless pneumonia is suspected.
Implementation Components	<p>Key Components/Messages:</p> <p>Acute uncomplicated bronchitis is defined as a self-limited inflammation of the large airways (bronchi) with cough lasting up to 6 weeks. The cough may or may not be productive and is often accompanied by mild constitutional symptoms.</p> <ul style="list-style-type: none"> • Evaluation should focus on ruling out pneumonia, which is rare among otherwise healthy adults in the absence of abnormal vital signs (heart rate > 100 beats/min, respiratory rate > 24 breaths/min, or oral temperature > 38 degree C) and abnormal lung examination findings (focal consolidation, egophony, tactile fremitus). • Colored sputum does not indicate bacterial infection. • For most cases, chest radiography is not indicated.
Recommendations/ Other Considerations	<p>Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended, regardless of cough duration. Options for symptomatic therapy include:</p> <ul style="list-style-type: none"> • Cough suppressants (codeine, dextromethorphan) • First-generation antihistamines (diphenhydramine) • Decongestants (phenylephrine) <p>Evidence supporting specific symptomatic therapies is limited. Consider common mimics: GERD, Post Nasal Drip Syndrome, Asthma, and Mediations that induce cough such as ACE Inhibitors.</p>
CHC Adoption and Implementation	<p>Resources available in UpToDate</p> <ul style="list-style-type: none"> • https://www.uptodate.com/contents/acute-bronchitis-in-adults



Clinical Guideline* | Acute Bronchitis

Resources	<ul style="list-style-type: none"> • https://www.uptodate.com/contents/acute-bronchitis-the-basics?source=see_link • https://www.uptodate.com/contents/acute-bronchitis-in-adults-beyond-the-basics?source=see_link
Other Supplemental Documents to Support Adoption/Education	<ul style="list-style-type: none"> • https://www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/adult-treatment-rec.html • https://www.cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html • Free print materials for healthcare professionals: https://www.cdc.gov/antibiotic-use/community/materials-references/print-materials/hcp/index.html • https://www.cdc.gov/antibiotic-use/community/downloads/Flyer-Bronchitis.pdf
Quality Measures and Associated Programs Current related CHC and ACO quality measures	<p>Blue Cross ACO measure: Patients 18-64 years old Percentage of patients with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or three days after the index episode start date</p>
Strategies to Improve Performance	<p>Increase the patient-centered quality of the encounter by spending enough time with the patient to explain the patient’s illness. Clinicians can promote appropriate antibiotic use by labeling acute bronchitis as a “chest cold” or viral upper respiratory infection” and providing patient information sheets about appropriate antibiotic use and alternatives to antibiotics for managing symptoms. A symptomatic prescription pad can be used to provide recommendations for management of symptoms, allowing patients to walk away with a plan of action. When it is unclear whether an antibiotic is needed, delayed or postdated antibiotic prescriptions (also known as the wait-and-see approach) offer the possibility of future antibiotic treatment if the condition does not improve.</p> <p>Talking points for clinicians when discussing the use of antibiotics in patients with acute bronchitis:</p> <ul style="list-style-type: none"> • The symptoms usually resolve in 1-2 weeks, but cough can last up to 6 weeks • Antibiotics do not cure ARTIs or reduce time to resolution of symptoms • Antibiotics cause many serious adverse effects and should be reserved for patients with confirmed group A streptococcal pharyngitis
Coding and Documentation Tips	N/A
HCC Coding and Documentation Tips	N/A



Clinical Guideline* | Acute Bronchitis

CHC Acute Bronchitis Clinical Guideline Workgroup	2020 CHC Workgroup: 1. J. Schiappa, DO 2. R. Gandhi, MD 3. K. Kraker-Urso (Staff Lead)
Misc. References	N/A
Rationale	Acute bronchitis is among the most common adult outpatient diagnoses, with about 100 million ambulatory care visits in the United States per year, more than 70% of which result in a prescription for antibiotics. Acute bronchitis leads to more inappropriate antibiotic prescribing than any other ARTI syndrome in adults.

Last Revised: January 21, 2021

**These guidelines are provided only as “guides” or assistance for physicians making clinical decisions regarding the care of their patients and may not apply to all patients and all clinical situations. Thus, they are not intended to override clinicians' judgment. As such, they cannot substitute the individual judgment brought to each clinical situation by the patient’s physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.*