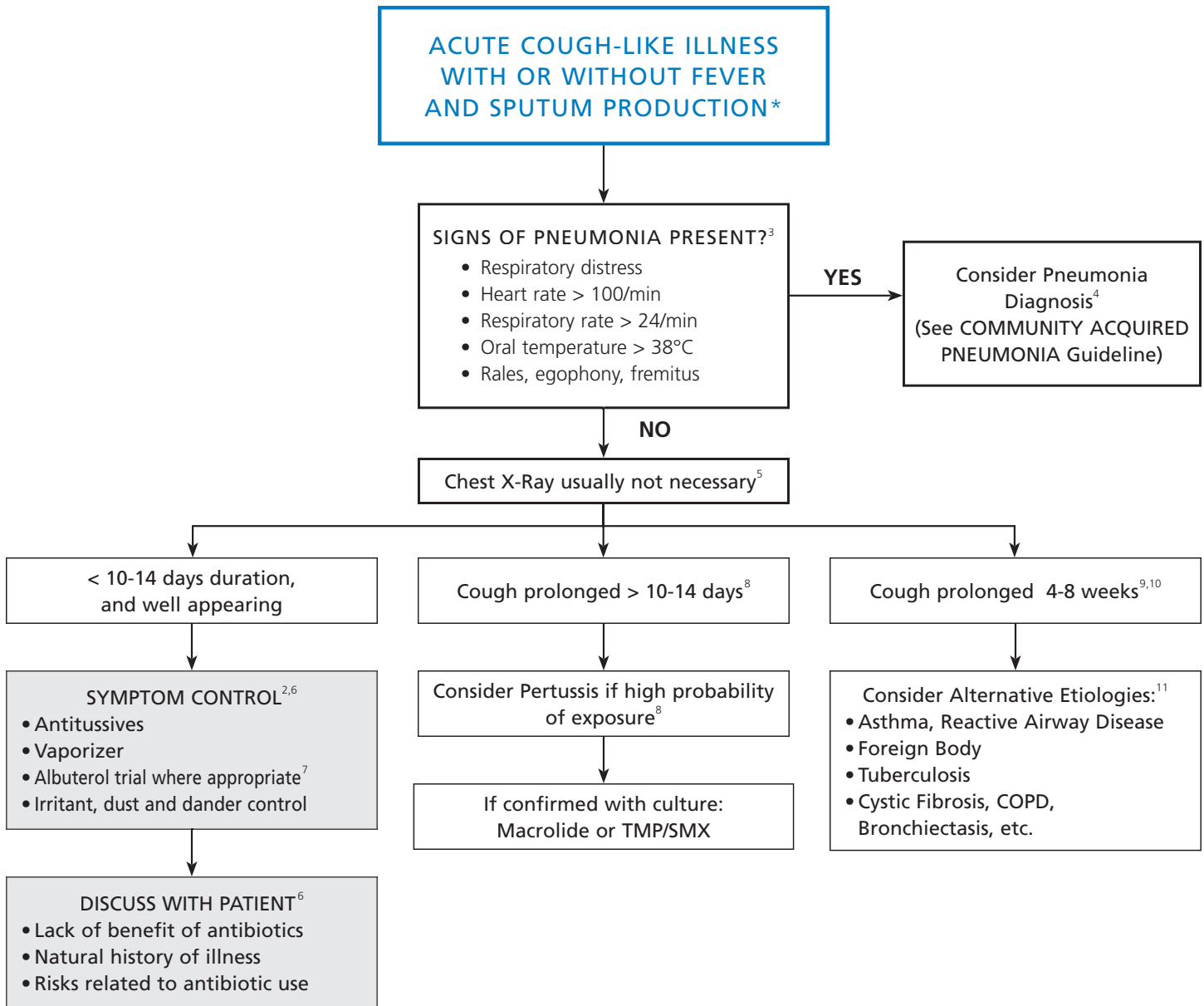


Practice Guidance for JUDICIOUS USE OF ANTIBIOTICS

ACUTE UNCOMPLICATED BRONCHITIS

(In Otherwise Healthy Individuals)

“Evaluation should focus on clinically ruling out more serious illness, particularly pneumonia.”¹
 “Patient satisfaction with care for acute bronchitis depends most on practitioner-patient communication, rather than whether an antibiotic is prescribed.”²



* Acute bronchitis is a clinical diagnosis referring to an acute respiratory tract infection lasting less than 3 weeks in which cough is the predominant feature.

TREATMENT OF ACUTE BRONCHITIS KEY POINTS:

- The Infectious Diseases Society of America recommends using antibiotics only when severe or persistent disease (>14 days)⁸ and when reasonable likelihood of Pertussis exists.¹²
- 90% of uncomplicated acute bronchitis has nonbacterial cause.
- Randomized, placebo-controlled studies fail to support a role for antibiotics.¹³
- Routine antibiotic treatment is not recommended, regardless of cough duration.
- Causes of ambulatory illness with chief symptom of cough: 70% acute URI, 6% asthma, 5% pneumonia.¹⁴

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CONTACT

Art Sprenkle, MD
Washington State Medical Education & Research Foundation
P: (720) 891-1204 email: Arthur.sprenkle@McKesson.com

CREATED WITH ASSISTANCE BY

John Watkins, RPh, MPH and Premera Blue Cross

This guideline is intended as a general reference. Practitioners should always independently assess each patient to evaluate whether care is indicated and what care and follow-up treatment may be appropriate under the circumstances presented. The clinical guidelines and information featured in this document are intended as an analytical framework for the evaluation and treatment of your patients. These Guidelines are not intended to replace your best clinical judgement or establish a protocol for all patients. We know that there is rarely one approach in treating a patient's clinical presentation.