Acute bronchitis is one of the most common diagnoses in adults for which antibiotics are prescribed. However, the majority of cases have a non-bacterial cause, resulting in lack of efficacy of antibiotic treatment. The WASP approach allows for judicious prescribing and improves patient satisfaction.

### Acute bronchitis and overuse of antibiotics
- Nationally, 71% of patients diagnosed with acute bronchitis were prescribed an antibiotic between 1996 and 2010, and that number increased to 80% of primary care visits by 2010.
- U.S. regions with higher use of antibiotics have been linked to higher prevalence of C. difficile.
- 1 out of 5 adult ED visits for drug-related adverse events are associated with antibiotic use.

### Wait and see prescription (WASP) approach
- The WASP approach for acute bronchitis in adults is limited to well-appearing adults who have a cough for less than 21 days or without clinical evidence of pneumonia (see algorithm below).
- Provide the patient with a prescription and instruct them to fill it only if their condition worsens at any time or does not show clinical improvement within 48–72 hours of diagnosis.

### Management
Do not use antibiotics for cough less than 21 days in a well-appearing adult without chronic lung disease.

Antibiotic treatment does not prevent bacterial complications such as pneumonia. The presence of sputum and its characteristics are not helpful in distinguishing bacterial from viral infections.

### Therapeutic measures include:
- Avoid cigarette smoke.
- Consider bronchodilators.
- Drink plenty of liquids.
- Steam (e.g., from shower or bath) to loosen secretions.
- Acetaminophen or ibuprofen as needed for fever or pain and adequate rest for symptom relief.

### Wait and See Prescription
- Obtain CXR.
- Treat COPD exacerbation (fever, leukocytosis and purulent sputum) with amoxicillin, TMP/SMX or doxycycline, and a short course (7–10 days) of oral corticosteroids.
- Treat confirmed B. pertussis, M. pneumoniae or C. pneumoniae.
- Smoking or second-hand smoke exposure
- Gastroesophageal reflux disease (GERD)
- Asthma or reactive airway disease
- Post-nasal drip syndrome
- ACE-inhibitor drug cough
- Bronchiectasis
- Malignancy

Other infectious agents rarely causing prolonged cough include B. pertussis, M. pneumoniae or C. pneumoniae.

### References