**Practice Guidance for Judicious Use of Antibiotics**

In the well-appearing patient, antibiotics are not the answer.

### Cough Illness / Bronchitis* — Children

**Cough without evidence of pneumonia**

#### ACUTE / < 4 WEEKS COUGH

Most cough illness in children is caused by viral pathogens.

Antibiotic treatment does not prevent bacterial complications such as pneumonia.

Rhinovirus often triggers a cough that lasts up to 3 weeks.

The presence of sputum and its characteristics are not helpful in distinguishing bacterial from viral infections.

**Management**

Do not use antibiotics for cough less than 4 weeks in a well-appearing child without clinical evidence of pneumonia.

Therapeutic measures include: avoid cigarette smoke, drink plenty of liquids, nasal saline washes, topical vapor rubs, acetaminophen or ibuprofen as needed for fever or pain, and adequate rest.

#### CHRONIC / > 4 WEEKS COUGH

Consider pertussis in children with paroxysmal cough, inspiratory whoop, or history of exposure.

Obtain CXR and spirometry (> 3–6 years).

Non-infectious causes that need to be ruled out:

- Post-nasal drip
- Allergies
- Habit cough
- Sinusitis
- Cystic fibrosis
- Foreign body aspiration
- Reactive airway disease
- Second-hand smoke exposure
- Gastroesophageal reflux disease (GERD)
- Congenital malformation

**Management**

Treat confirmed *B. pertussis* with a macrolide (azithromycin or clarithromycin).

Treat *M. pneumoniae or C. pneumoniae* with a macrolide (azithromycin or clarithromycin), or, if > 8 years of age, doxycycline.

For other etiologies, direct therapy to the specific underlying cause.

* The term bronchitis triggers an expectation for antibiotics and should be avoided or carefully explained. Other terms, such as “chest cold,” may be preferable.

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