

## 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.

These guidelines were produced in collaboration with the Infectious Diseases Society of Oregon.

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#### 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.