Cough (acute)

Upper respiratory tract infection and not systemically very unwell or at higher risk of complications

Acute bronchitis and not systemically very unwell or at higher risk of complications

Higher risk of complications (at face-to-face examination)

Systemically very unwell (at face-to-face examination)

If an adult with acute cough associated with acute bronchitis has had a C-reactive protein (CRP) test, follow NICE’s pneumonia in adults guideline for recommendations on prescribing antibiotics according to CRP results

Do not offer an antibiotic

Do not routinely offer an antibiotic

Consider:
- an immediate antibiotic or
- a back-up antibiotic prescription

Offer an immediate antibiotic

Advise on:
- the usual course of acute cough (up to 3 or 4 weeks)
- managing symptoms with self-care
- when to seek medical help, for example if symptoms worsen rapidly or significantly, do not improve after 3 or 4 weeks, or the person becomes systemically very unwell

With an antibiotic, advise on possible adverse effects including diarrhoea

With a back-up prescription, advise on using if symptoms worsen rapidly or significantly at any time

Do not offer:
- a mucolytic
- an oral or inhaled bronchodilator
- an oral or inhaled corticosteroid unless otherwise indicated

Reassess if symptoms worsen rapidly or significantly, taking account of:
- alternative diagnoses such as pneumonia
- any symptoms or signs suggesting a more serious illness or condition, such as cardiorespiratory failure or sepsis
- previous antibiotic use, which may have led to resistant bacteria

Refer to hospital, or seek specialist advice on further investigation and management, if the person has any symptoms or signs suggesting a more serious illness or condition (for example, sepsis, a pulmonary embolism or lung cancer)

Self-care

Some people may wish to try the following, which have limited evidence of benefit for the relief of cough symptoms:
- honey (in people aged over 1 year)
- pelargonium (herbal medicine; in people aged 12 and over)
- over-the-counter cough medicines containing the expectorant guaifenesin (in people aged 12 and over)
- over-the-counter cough medicines containing cough suppressants, except codeine, (in people aged 12 and over with non-persistent cough and without excessive secretions)

Limited evidence suggests antihistamines, decongestants and cough medicines containing codeine do not help cough symptoms

Background

Acute coughs are usually self-limiting but can last up to 3 to 4 weeks

Antibiotics make little difference to how long a cough lasts

Usually caused by a viral upper respiratory tract infection, such as a cold or flu

Also caused by acute bronchitis (a lower respiratory tract infection), which is usually viral but can be bacterial

Higher risk of complications:
- People with a pre-existing comorbidity
- Young children born prematurely
- People older than 65 years with 2 or more of the following, or older than 80 years with 1 or more of the following:
  - hospitalisation in previous year
  - type 1 or type 2 diabetes
  - history of congestive heart failure
  - current use of oral corticosteroids

NICE uses 'offer' when there is more certainty of benefit and 'consider' when evidence of benefit is less clear.