

Chronic cough

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

You may wish to consider the following:

- Is this actually recurrent cough?
- Is this post viral cough?
- Is the cough wet?
- Are there other pathologies involved?

For persistent bacterial bronchitis (wet cough; possible previous temporary improvement with short course of antibiotics) - consider chest X-ray and treatment with a 2-week course of antibiotics according to your local guideline.

Refer for:

- persistent daily cough (>8 weeks duration) especially if worsening or wet
- systemic features (such as weight loss; night sweats; persistent fever; clubbing)
- poor weight gain
- haemoptysis
- neonatal onset or
- cough with feeding

Recurrent cough

- The commonest cause of chronic cough lasting over 8 weeks (in a child who is thriving/well/no systemic signs or symptoms) remains recurrent viral infections, so ask “has your child coughed every single day, or has their cough got better and worse again?”
- Recurrent episodes of viral upper/lower respiratory infection can occur 7-10 times per year in school age children, often clustering in winter. No further investigation or referral is required unless there are concerns with growth/weight gain or systemic signs and symptoms.

Post-viral cough

- In infants, post-bronchiolitic cough can persist for up to a month
- in school age children, cough associated with viral upper/lower respiratory tract infections mostly improve by 14 days (although it may sometimes take up to 8 weeks).

Other pathologies

- Early onset asthma (assess for triggers, atopic history, wheeze, shortness of breath)
- aspirated foreign body (suggestive history; persistent focal signs)
- post-nasal drip (history of atopy; nasal congestion)
- gastro-oesophageal reflux (suggestive history), or
- (rarely) serious pathology such as cystic fibrosis, tuberculosis or immune deficiency.

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]