Lothian Paediatric Chronic Cough Guideline

Paediatric chronic cough: **cough for >4 weeks without** intermittent periods of being cough-free
➢Children age 2-5 years may experience recurrent acute cough.

Look for **'Cough Pointers'** in history and clinical examination:
Cough pointers essentially signify an identifiable cause or more severe illness. Please find specific information on these in the "Chronic Cough Pointers document, under the Resources and Links tab.

History, cough pointers and red flags

Chronic wet/productive, mixed wet/dry OR dry cough?

Sputum Colour	Neurodevelopmental abnormalities	Chest pain
Exposure to airborne irritants (smoke)	Recurrent otitis media/sinus disease/discharge	Less than 1 year old/ Neonatal onset
Family history	Feeding difficulties	Failure to thrive
History of GORD	Lack of vaccinations	Haemoptysis
Chest tightness/wheeze	History of immunodeficiency	History of inhaled foreign body
Cardiac abnormalities	Recurrent pneumonia	Cough associated with swallowing
Exposure to Tuberculosis	Breathlessness	Night sweats

Clinical examination of throat, chest, ear, checking for cough pointers

cyanosis , respiratory distress, RR, digital clubbing, eczema, nasal crease, chest wall deformities, crackles, wheeze, stridor

RED FLAGS present in the history or examination?

Stridor	Abrupt onset (inhalation of foreign body)	Cough with feeding	Haemoptysis
Neonatal onset	Signs of chronic lung disease	Dyspnoea, chest pain	Cyanosis
Continuous unremitting or worsening cough		Night sweats	Weight loss

YES, red flags:
Requires specialist paediatric respiratory discussion/urgent referral/A&E.

NO

Are specific cough pointers present and cause for concern in the history or examination?

YES, pointers:
Investigate, treat accordingly, consider referral
This may include normal LRTI care with 5 days *Amoxicillin.*
Consider specialist referral and continue pathway

NO

Is it a DRY cough?

YES, DRY COUGH: See Paediatric Chronic Cough Flow chart (Dry Cough)

NO

WET or mixed wet/dry cough with other causes, acute infection or severe illness excluded

Is the trajectory towards improvement?

➢YES, Isolated wet cough with no specific cough pointers and no red flags? It is reasonable to watch and wait for up to 8 weeks. Most coughing in children is related to transient infections.
➢Consider treatment with 5/7 Amoxicillin if they have not already had a treatment course.

8 weeks from onset & cough unresolved?

1. Have any pointers or red flags emerged?
2. Check whether the child has, in fact, had well periods within the 4-8 weeks, if so, observe.
3. If at this point no red flags/pointers and no well periods, consider working diagnosis of **Persistent Bacterial Bronchitis (PBB).**
   Treat with a broad spectrum antibiotic:
   Co-amoxiclav 14 days or
   Clarithromycin 14 days for penicillin allergic
4. Book 6-8 week PBB review appointment

Is the wet cough completely **resolved** at PBB post-treatment review? Confirm PBB diagnosis with advice to return if there is recurrence.
Note: A 2nd episode in <1 year OR 3rd episode chronic wet cough across years should trigger referral AND repeat 2 week broad spectrum antibiotic Rx

Cough unresolved after 14/7 antibiotics trial?

If at review the persistent wet cough has **not resolved** or has **resolved then returned within two weeks**:
Requires specialist respiratory discussion/referral +
Consider requesting Chest Xray following treatment