Cough algorithm

Source:
ACCP Cough guidelines 2006

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Figure 1: The acute cough algorithm for the management of patients aged ≥ 15 years with cough lasting < 3 weeks. For diagnosis and treatment recommendations refer to the section indicated in the algorithm. PE = pulmonary embolism; Dx = diagnosis; Rx = treatment. For other abbreviations, see handout.
Figure 2: Subacute cough algorithm for the management of patients aged ≥ 15 years with cough lasting 3 to 8 weeks. For diagnosis and treatment recommendations refer to section indicated in algorithm. AECB = acute exacerbation of chronic bronchitis. For other abbreviations, please see syllabus.
Chronic Cough

- Investigate and Treat
- A cause of cough is suggested
- History, examination, chest x-ray
- Smoking, ACE-I

Upper Airway Cough Syndrome (UACS)
Empiric treatment

Asthma
Ideally evaluate (spirometry, bronchodilator reversibility, bronchial provocation challenge) or empiric treatment

Non-asthmatic eosinophilic bronchitis (NAEB)
Ideally evaluate for sputum eosinophilia or empiric treatment

Gastroesophageal reflux disease (GERD)
Empiric treatment

(for initial treatments see box below)

No response

Inadequate response to optimal Rx

Inadequate response to optimal Rx
Chronic Cough, continued:

Inadequate response to optimal Rx

Further Investigations to Consider:
- 24h esophageal pH monitoring
- Endoscopic or videofluoroscopic swallow evaluation
- Barium esophagram
- Sinus imaging
- HRCT
- Bronchoscopy
- Echocardiogram
- Environmental assessment
- Consider other rare causes

Important General Considerations
- Optimize therapy for each diagnosis
- Check compliance
- Due to the possibility of multiple causes maintain all partially effective treatment

Initial Treatments
- UACS: A/D
- Asthma: ICS, BD, LTRA
- NAEB: ICS
- GERD: PPI, diet/lifestyle

Figure 3. Chronic cough algorithm for the management of patients aged ≥ 15 years with cough lasting > 8 weeks. ACE-I = ACE inhibitor; BD = bronchodilator; LTRA = leukotriene receptor antagonist; ICS = inhaled corticosteroid.