Care and Treatment Plan: Acute Bronchitis – *Adult*

Definition

Inflammation of trachea and bronchi (larger airways).

Registered Nurses who hold **Remote Nursing** Certified Practice (RN(C)) designation are authorized to manage, diagnose, and treat acute bronchitis in adults.

Management and Intervention

Goals of Treatment

- Relieve symptoms (coughing, fever)
- Prevent pneumonia

Non-pharmacological Interventions

- Increased rest (especially if febrile)
- Adequate hydration (8-10 glasses of fluid per day)
- Increased humidity in the environment
- Avoidance of pulmonary irritants (e.g., stop or decrease smoking)

Pharmacological Interventions

- To manage fever or pain
  - Acetaminophen 325mg 1-2 tabs PO q4-6h PRN, or
  - Ibuprofen 200mg 1-2 tabs pPOq4-6h PRN
- If bronchospasm, dyspnea, or wheezing is significant, short-acting ß$_2$-agonist bronchodilators can be used until acute symptoms resolve
- Salbutamol 100mcg Metered-Dose Inhaler (MDI) 1 or 2 puffs q4h PRN via aero chamber-maximum dose of 8 puffs/day
- Avoid antibiotics

Note: In most cases, antibiotics are not recommended for acute bronchitis in an otherwise healthy client, as the cause is usually viral.

- Antibiotics may be considered in those at high risk of serious complications because of pre-existing co-morbidity (heart, lung, renal, liver, or neuromuscular disease, Congestive Heart Failure, diabetes mellitus, current use of oral glucocorticoids, immunocompromised)
- In clients with an acute bronchitis overlying chronic bronchitis, antibiotics may be considered for clients who have two or more of the following symptoms:
  - Increased sputum volume
  - Increased sputum purulence
  - Increased dyspnea

Choices

- Amoxicillin 500mg PO TID for 5-7 days, or
- Doxycycline 200mg once, then 100mg PO BID for 5-7 days, or
- Trimethoprim 160mg/Sulphamethoxazole 800mg (DS) PO BID for 5-7 days

Pregnant or Breastfeeding Women

- Amoxicillin may be used as listed above
- *DO NOT USE* doxycycline and Trimethoprim 160mg/Sulphamethoxazole 800mg

Potential Complications

- Pneumonia
- Post-bronchitis cough

Client Education/Discharge Information

- Recommend hand washing to prevent spread of infection throughout a household
- Inform client that cough may persist for more than 2 weeks
- Inform client that routine antibiotic therapy is not necessary or recommended

Consultation and/or Referral

- Arrange for follow up in 2-3 days if antibiotics are used and the client's condition is not resolving.

Monitoring and Follow-up

- Consult with or refer to physician and/or nurse practitioner if unresponsive to treatment or if pneumonia is suspected.

Documentation

- As per agency policy.

References

More recent editions of any of the items in the References List may have been published since this DST was published. If you have a newer version, please use it.

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