

Bronchitis Treatment Guidelines

General Information

This guide is designed for healthcare professionals to navigate the complexities of diagnosing and treating bronchitis. It includes detailed diagnostic criteria, treatment options, potential side effects of treatment, and guidelines for continuous patient management.

Diagnostic Criteria and Testing Recommendations

Acute Bronchitis:

- **Symptoms:** Coughing with or without mucus production, fatigue, slight fever and chills, and chest discomfort.
- **Diagnostic Tests:** Primarily diagnosed based on symptoms and a physical exam. Further testing (e.g., chest X-ray, spirometry) is not routinely recommended unless pneumonia or other diseases (e.g., asthma, tuberculosis) are suspected.

Chronic Bronchitis:

- **Symptoms:** A productive cough that lasts for three months or more per year for at least two consecutive years, without other underlying conditions that might explain the symptoms.
 - **Diagnostic Tests:** Pulmonary function tests (including spirometry), chest X-rays, CT scans, and arterial blood gas analysis may be used to diagnose chronic bronchitis and assess lung function.
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Treatment Options

Acute Bronchitis:

- **Medications:** Cough suppressants (for a dry cough), expectorants (for a productive cough), pain relievers, and sometimes inhaled bronchodilators if there is a wheeze.
- **Therapies:** Humidifiers, staying hydrated, rest, and avoiding irritants like tobacco smoke.

Chronic Bronchitis:

- **Medications:** Bronchodilators, inhaled steroids, phosphodiesterase-4 inhibitors, and occasionally antibiotics during exacerbations.
 - **Therapies:** Pulmonary rehabilitation, oxygen therapy, and lifestyle changes (e.g., smoking cessation).
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Dosing Guidelines for Medications

- **Inhaled Bronchodilators:** Dosage varies based on medication type (e.g., albuterol, ipratropium). Typically, two inhalations every 4-6 hours for short-acting and once daily for long-acting formulations.

- **Inhaled Steroids:** Dosage depends on the specific medication (e.g., fluticasone, budesonide). Follow the manufacturer's recommendations.
 - **Phosphodiesterase-4 Inhibitors:** Roflumilast is often prescribed at 500 mcg once daily for chronic bronchitis.
 - **Antibiotics:** Prescribed during bacterial exacerbations, with dosage depending on the specific antibiotic chosen.
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Potential Side Effects and Adverse Reactions to Treatment

- **Bronchodilators:** Tremors, nervousness, heart palpitations.
 - **Inhaled Steroids:** Oral thrush, voice changes, bone density loss with long-term use.
 - **Phosphodiesterase-4 Inhibitors:** Diarrhea, weight loss, nausea.
 - **Antibiotics:** Nausea, diarrhea, allergic reactions.
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Monitoring and Follow-Up Recommendations

- **Acute Bronchitis:** Follow-up if symptoms worsen or do not improve within 7-10 days.
 - **Chronic Bronchitis:** Regular follow-ups every 3 to 6 months or as a healthcare provider recommends. Monitoring should include assessment of symptoms, lung function tests, and monitoring for complications.
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Approval and Review

Approved by:

Date: _____

(Name/Position)