# CHRONIC COUGH IN CHILDREN > 4 WEEKS DURATION REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. PULMONARY MEDICINE) • 887 CONGRESS ST, SUITE 320, PORTLAND, ME • (207) 662-5522

## **HIGH RISK**

SUGGESTED EMERGENT CONSULTATION

#### **SYMPTOMS AND LABS**

If consultation is felt to be emergent, the infant/child should call 911 and/or be evaluated in the nearest Emergency Department

Dyspnea
Tachynea
Hypoxia
Crackles (especially in the absence of acute illness)
Clubbing
Stridor
Choking/gagging
Productive cough
Suboptimal feeding/growth trajectory
Constitutional symptoms
Foreign body aspiration (FBA)
Steatorrhea
Sharp, stabbing, chest pain

## **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### **SYMPTOMS AND LABS**

Chest tightness

Stepping up on asthma therapy

Stridor

Hoarseness

Wheezing

Recurrent sinopulmonary infections

Choking/gagging

Chronic rhinoconjunctivitis

Exercise intolerance

## **LOW RISK**

SUGGESTED ROUTINE CARE

#### **SYMPTOMS AND LABS**

Dry or staccato cough

Honking, daytime cough

**GERD** 

Chronic rhinoconjunctivitis

Throat tightness

## SUGGESTED PREVISIT WORKUP

2 view CXR

Spirometry in children 6 or older

Sweat chloride

Modified barium swallow

Basic immunology studies

HRCT of the chest

PPD

## SUGGESTED WORKUP

2 view CXR

Spirometry in children 6 or older

Modified barium swallow

Allergy testing/treatment for environmental allergies

Education on allergen avoidance

Reduce passive smoke exposure

## SUGGESTED MANAGEMENT

2 view CXR

Spirometry in children 6 or older

Treatment for asthma

Treatment for GERD

Allergy testing/treatment for environmental allergies

Education on allergen avoidance

Treatment for habit cough

Reduce passive smoke exposure

Speech therapy for vocal cord dysfunction

Screen for B. pertussis

### CLINICAL PEARLS

- In the setting of chronic cough with complex medical issues (ex. Trisomy 21), consider a referral.
- A normal CXR does not rule out FBA as most FBs are not radiopaque.

done even with a history of a normal CF newborn screen.

 Cough suppressants and other OTC cough medications should not be used in infants/children.

If clinical symptoms/findings suggest CF, sweat testing should be

- Repetitive, dry, honking cough that is absent during sleep is suggestive of a habit or psychogenic cough.
- Consider vocal cord dysfunction in adolescents with a history of throat tightness, respiratory distress/noisy breathing on inspiration, +/- anxiety, in the absence of infection and/or chronic cough.
- Protracted bacterial bronchitis (PBB) is defined as a wet cough, positive bronchalveolar lavage and resolution with prolonged antibiotic therapy.

## Maine Medical PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.