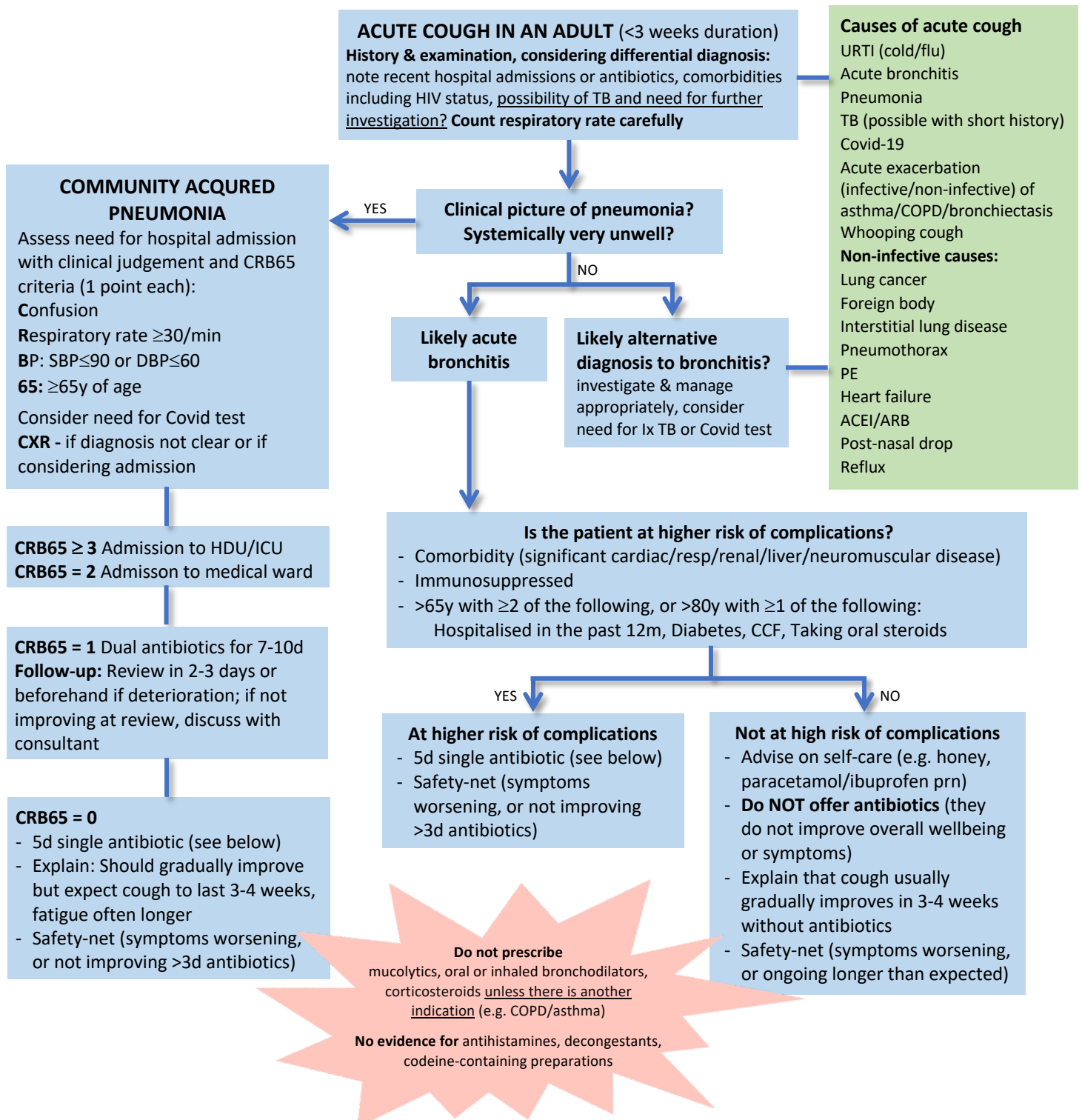


Acute cough & community acquired pneumonia - adults

- Many causes of acute cough (see box); need to be confident to distinguish between an upper respiratory tract infection (URTI), acute bronchitis and pneumonia.
- **ALWAYS think about the possibility of TB and screen carefully for symptoms**
- **URTI - the 'common cold/homa/flu'**: Self-limiting viral infection, no signs LRTI, symptomatic treatment
- **Acute bronchitis**: Usually viral infection. Symptoms initially as for common cold, but cough continues, associated with chest wall pain +/- wheeze on coughing. *Production of sputum, even purulent, is common and does not correlate with bacterial infection. Cough can continue for 3-4 weeks, but should gradually improve during this time* (patients and clinicians often underestimate time to recovery which leads to overtreatment). Auscultation may reveal wheezes, and crackles that typically improve with coughing, but not focal signs.
- **Pneumonia**: Typically high fever, cough, dyspnoea, RR>20, hypoxia, tachycardia, focal chest signs of consolidation.



	DRUG	DOSE	DURATION
Community acquired pneumonia (CRB65=0) OR acute bronchitis with high risk of complications			
First line:	Amoxicillin	Adults: 500mg TID	5 days
If penicillin allergy/intolerance:	Clarithromycin	Adults: 500mg BD	5 days
Community acquired pneumonia (CRB65≥1) and hospital admission not required	Amoxicillin and clarithromycin	As above	7-10 days
Second line / ongoing symptoms:	Discuss with consultant		

References

NICE NG 120, 2019

AIC Kijabe Hospital IMed guidelines

<https://www.aafp.org/pubs/afp/issues/2016/1001/p560.html>