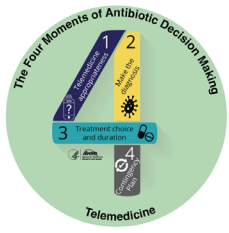
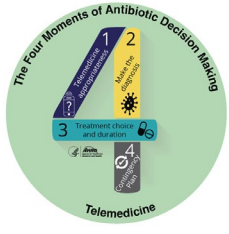
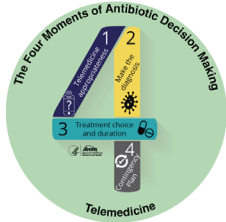
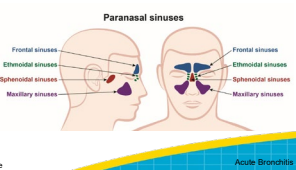


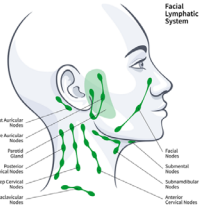
Best Practices in Managing Acute Bronchitis and Acute Cough Over Telemedicine



Slide Title and Commentary	Slide Number and Slide
The Four Moments of Antibiotic Decision Making SAY: This presentation will review a clinical case using the Four Moments of Antibiotic Decision Making framework. Briefly, this framework consists of the following moments: Moment 1: Is my patient an appropriate candidate for a telemedicine visit? Moment 2: Does my patient have signs and symptoms indicating an infection that may require antibiotics? Is a diagnostic test needed? Moment 3: If antibiotics are indicated, what is the narrowest, safest, and shortest regimen I can prescribe? Moment 4: What symptomatic relief should I offer or prescribe to my patient? What should I tell my patient about the expected course and the followup plan? As with other presentations in this series, we will be limiting discussion to adults and children 3 years of age and older.	Slide 3 The Four Moments of Antibiotic Decision Making  1. Is my patient an appropriate candidate for a telemedicine visit? 2. Does my patient have signs and symptoms indicating an infection that may require antibiotics? Is a diagnostic test needed? 3. If antibiotics are indicated, what is the narrowest, safest, and shortest regimen I can prescribe? 4. What symptomatic relief should I offer or prescribe to my patient? What should I tell my patient about the expected course and the followup plan? AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 3
Case Presentation SAY: Let's review a common clinical scenario. A 54-year-old man who is a nonsmoker and has no past medical history presents over telemedicine with a chief complaint of a cough that started 10 days ago. He notes that he has occasional production of white or yellow-tinged sputum. The cough is worse at night and often wakes him up. He has had no fevers or shortness of breath.	Slide 4 Case Presentation • A 54-year-old man with no past medical history presents with 10 days of cough • Occasional white or yellow-tinged sputum • The cough is worse at night • No fevers or shortness of breath  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 4
Moment 1 SAY: Let's start with Moment 1, which again is: "Is my patient an appropriate candidate for a telemedicine visit?" This moment identifies patients who likely should be referred for an in-person evaluation based on the clinical presentation.	Slide 5 Moment 1  1. Is my patient an appropriate candidate for a telemedicine visit? AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 5

Slide Title and Commentary	Slide Number and Slide
Moment 1: Telemedicine Appropriateness SAY: Based on the initial triage note provided to you, there is no mention of the patient appearing ill with high fevers, altered mental status, difficulty breathing, or other concerning signs or symptoms. Therefore, it is reasonable for this patient to be evaluated further via telemedicine.	Slide 6 Moment 1: Telemedicine Appropriateness • Patient is appropriate to be seen via telemedicine ◦ No high fever ◦ No altered mental status ◦ No difficulty breathing  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 6
Moment 2 SAY: Moment 2 asks: “Does my patient have signs and symptoms indicating an infection that may require antibiotics? Is a diagnostic test needed?” To appropriately address these questions, you will have to rely on the patient history and virtual physical examination.	Slide 7 Moment 2  1. Is my patient an appropriate candidate for a telemedicine visit? 2. Does my patient have signs and symptoms indicating an infection that may require antibiotics? Is a diagnostic test needed? AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 7
Moment 2: Additional History SAY: The patient’s symptoms—an intermittently productive cough combined with a lack of high fever or shortness of breath—is most consistent with acute bronchitis. However, additional history and details from a physical exam are needed to ensure the patient does not have a bacterial infection. You quickly ensure that the patient has no history of heart failure or pre-existing lung disease, and that the symptoms are not associated with a sensation of acid reflux. Earlier in his illness, the patient performed an at-home rapid test for influenza and COVID-19 that was negative. Symptoms have not worsened over the 10 days of the illness, which would be consistent with pertussis.	Slide 8 Moment 2: Additional History • No history of heart failure or pulmonary disease • No sensation of burning or acid reflux • At-home rapid test for influenza and COVID-19 was negative • Symptoms have not worsened  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 8

Slide Title and Commentary	Slide Number and Slide
Moment 2: Virtual Physical Examination SAY: When you are evaluating a patient via telemedicine, you can perform components of a virtual physical exam with help from the patient. Give the patient or caregiver clear instructions about what to do and where to move the camera and the light source (such as on a smart phone), and you can complete many components of a physical exam. First, ask him to check his temperature and give you the result. In this case, the patient checks and tells you that his temperature is 99.1 degrees Fahrenheit. Then ask your patient to position himself and his camera, as well as any light sources he has available, so that you can see first the inside of his nares, then the inside of his mouth, and finally, perhaps with help from a spoon or other object, the oropharynx. You may need to ask the patient to reposition himself or the camera at different points so that you can have as clear a view as possible. Next, ask the patient to gently tap on his sinuses. Make sure to tell him to tap above his eyebrows, on his cheekbones, and his upper nares. Ask him to tell you how it feels.	Slide 9 Moment 2: Virtual Physical Examination - Ask them to check their temperature - RESPONSE: "My temperature is 99.1 degrees Fahrenheit." - Ask patient and/or caregiver to move their body and the camera and lighting so that you can see the following: - Nares - Mouth - Oropharynx - Ask the patient to tap above his eyebrows, on cheekbones, and upper nares and tell you how it feels  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 9
Moment 2: Virtual Physical Examination – Head, Eyes, Ears, Neck, and Throat SAY: You note that his nasal mucosa are mildly erythematous with mild edema bilaterally with no nasal discharge. His oral mucosal membranes are moist and his oropharynx is not erythematous. He tells you that he has no sinus tenderness.	Slide 10 Moment 2: Virtual Physical Examination – Head, Eyes, Ears, Nose, and Throat - Your observations: - Nasal mucosa are mildly erythematous with mild edema bilaterally - No nasal discharge - Oral mucosal membranes are moist - The oropharynx is not erythematous - Response from patient: "It doesn't really hurt anywhere where I was tapping."  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 10

Slide Title and Commentary	Slide Number and Slide
Moment 2: Virtual Physical Examination – Lymph Nodes SAY: Now, you should demonstrate to the patient or caregiver where the anterior cervical, posterior cervical, and submandibular lymph nodes are, and ask them to palpate these nodes. You can ask the patient or caregiver whether the lymph nodes are palpable. If they are palpable, ask if they are firm, soft, or tender. The response from the patient is that he feels no palpable lymph nodes, and there is no pain in these locations.	Slide 11 Moment 2: Virtual Physical Examination – Lymph Nodes • Demonstrate to the patient or caregiver where anterior cervical, posterior cervical, or submandibular lymph nodes are ◦ Ask the patient or caregiver whether the lymph nodes are palpable, and if so, firm, soft, or tender ◦ Response from patient: "I feel no swelling. Nothing hurts."  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 11
Moment 2: Virtual Physical Examination – Pulmonary 1 SAY: Now, do a virtual pulmonary exam. First, observe the patient for visible dyspnea, tripoding, or increased work of breathing. See whether he is speaking in full sentences. Note any retractions. If the patient is alone and in a private space, ask the patient if they feel comfortable removing their shirt so that you can visibly assess the chest for retractions. You can also calculate their respiratory rate. Have the patient place their hands on their shoulders. Count the rate at which you can see their shoulders raise and lower with their breaths. Then, ask the patient to take a deep breath. Listen carefully for wheezing. You can also ask the patient and their family, "Do you hear any wheezing? It would sound like a whistle."	Slide 12 Moment 2: Virtual Physical Examination – Pulmonary 1 • Observe for— ◦ Visible dyspnea ◦ Tripoding ◦ Increased work of breathing ◦ Speaking in full sentences ◦ Retractions • Respiratory rate • Listen carefully for wheezing ◦ Ask the patient or their family, "Do you hear any wheezing?"  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 12

Slide Title and Commentary	Slide Number and Slide
Moment 2: Virtual Physical Examination – Pulmonary 2 SAY: Based on the virtual pulmonary exam, you observe no visible dyspnea. You observe no tripodding or increased work of breathing. You also note that the patient is speaking in full sentences and there are no retractions. You calculate a respiratory rate of 15 breaths per minute. And neither you nor the patient hear any wheezing.	Slide 13 Moment 2: Virtual Physical Examination – Pulmonary 2 - Your observations: - There is no visible dyspnea - No tripodding or increased work of breathing - Speaking in full sentences - No retractions - Respiratory rate: 15 breaths per minute - No wheezing  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 13
Moment 2: Acute Bronchitis and Acute Cough SAY: Based on the virtual physical exam and the patient's symptoms, the patient has acute bronchitis, or a chest cold. The definition of acute bronchitis is the presence of a cough with or without sputum production that lasts less than 3 weeks, generally starting in the setting of a viral upper respiratory tract infection. Antibiotic treatment of acute bronchitis is not recommended, regardless of the duration of the cough, because antibiotics do not help with resolution of cough. Of note, the term “bronchitis” is not applied to children. However, children commonly have lingering viral respiratory infections with a cough that can last up to 3 weeks. This cough also will not respond to antibiotics.	Slide 14 Moment 2: Acute Bronchitis and Acute Cough - Acute bronchitis: Cough with or without sputum production - Generally starts with a viral upper respiratory tract infection - The term “bronchitis” is not applicable to children - Children commonly have lingering viral respiratory infections with a cough - Antibiotic treatment of acute bronchitis is not recommended, regardless of the duration of the cough¹⁻³ AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 14

Slide Title and Commentary

Antibiotics Do Not Improve Post-Viral Cough

SAY:

Antibiotics do not hasten the resolution of acute bronchitis or a cough that occurs after a viral infection. This graph shows the proportion of patients with resolution of cough on the y-axis and the number of days from the initial physician visit on the x-axis. There were three different groups of patients with cough studied. Patients represented by the orange line did not receive an antibiotic prescription, patients represented by the yellow line were given an antibiotic prescription and instructed to fill it if they were not feeling better in 3–4 days, and patients represented by the green line were given an antibiotic prescription to fill immediately. Among the three groups, there was no difference in the timing of or proportion of patients who experienced resolution of cough.

In this study, 96 percent of patients who were given an antibiotic prescription right away took antibiotics, but only 20 percent of patients who were instructed to fill the prescription if they were not feeling better took antibiotics. Additionally, 16 percent of patients who were not given an antibiotic prescription obtained and took antibiotics.

Antibiotics not only do not help with cough, they also can put patients at risk for adverse events that may necessitate an emergency room or clinic visit.

Moment 2: Diagnostic Testing in Acute Bronchitis

SAY:

In general, no diagnostic testing is needed for patients with acute bronchitis or an acute cough in the absence of other signs or symptoms of bacterial infection, including chest x ray, spirometry, peak flow measurement, or biomarkers.

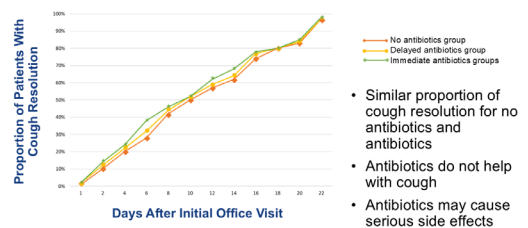
Some might ask if the patient needs a chest x ray. He does not have signs and symptoms of pneumonia including fever, the remainder of his vital signs are normal, and his chest exam is normal. Therefore, a chest x ray is unnecessary. If the patient reported fevers or shortness of breath, had abnormal vital signs, or had focal findings on his chest exam, a chest x ray may be warranted.

And no in-person evaluation is needed based on your evaluation as no worrying signs indicating dyspnea is noted.

Slide Number and Slide

Slide 15

Antibiotics Do Not Improve Post-Viral Cough⁴



AHRQ Safety Program for Telemedicine: Improving Antibiotic Use

Acute Bronchitis 15

Slide 16

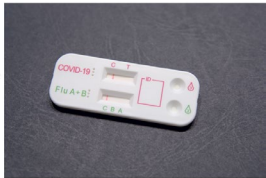
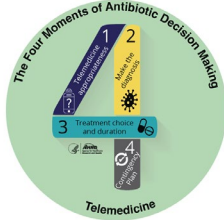
Moment 2: Diagnostic Testing in Acute Bronchitis

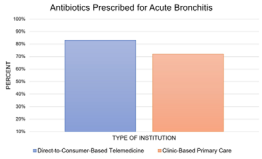
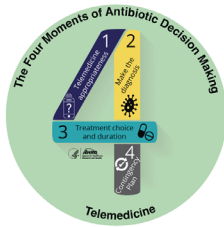
- Diagnostic testing is not indicated for acute bronchitis without signs and symptoms of bacterial infection
 - Chest x ray: **Only** if patient has signs and symptoms of pneumonia, including fevers, shortness of breath, abnormal vital signs, focal findings on chest exam
 - Do not need to see patient in person since no worrying signs indicating dyspnea



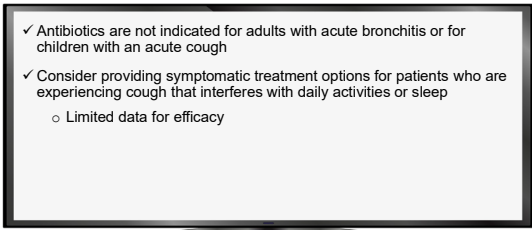
AHRQ Safety Program for Telemedicine: Improving Antibiotic Use

Acute Bronchitis 16

Slide Title and Commentary	Slide Number and Slide
Diagnostic Testing – What To Rule Out SAY: If the patient is earlier in his illness, or if the illness is more severe, you may want to test for some other common viral infections, particularly influenza or COVID-19, via an at-home test for influenza or COVID-19. If you also work at a clinic and offer these tests, you can advise the patient to come in for a test. Reasons to test early for these might be to help you decide whether the patient may benefit from treatment, or if there are others in the household who may benefit from prophylaxis. These questions are particularly important if there is a concern for influenza or COVID-19. However, 10 days into the infection, it may not be helpful to test for other viral infections.	Slide 17 Diagnostic Testing – What To Rule Out⁵⁻⁷ • Generally not indicated • Consider recommending COVID-19 or influenza test if concerned ◦ At-home multiplex testing or clinic-based testing in brick and mortar  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 17
Moment 2: Our Patient SAY: Getting back to our patient, his symptoms are highly consistent with acute bronchitis based on the virtual physical exam and the patient's symptoms. Antibiotics do not help with resolution of cough, so no antibiotic treatment is recommended. And in-person evaluation is not needed since no signs indicating dyspnea is noted.	Slide 18 Moment 2: Our Patient • Symptoms are highly consistent with acute bronchitis • No antibiotic treatment recommended  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 18
Moment 3 SAY: Looking again at the Four Moments framework, Moment 3 is, "If antibiotics are indicated, what is the narrowest, safest, and shortest regimen I can prescribe?"	Slide 19 Moment 3  1. Is my patient an appropriate candidate for a telemedicine visit? 2. Does my patient have signs and symptoms indicating an infection that may require antibiotics? Is a diagnostic test needed? 3. If antibiotics are indicated, what is the narrowest, safest, and shortest regimen I can prescribe? AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 19

Slide Title and Commentary	Slide Number and Slide
Moment 3: Avoiding Antibiotics for Acute Bronchitis SAY: As discussed previously, antibiotics are not indicated for acute bronchitis or an acute cough. However, they are still commonly inappropriately prescribed. In one study, antibiotics were prescribed for acute bronchitis 83 percent of the time in virtual-first or direct-to-consumer-based telemedicine, and 72 percent of the time in clinic-based primary care.	Slide 20 Moment 3: Avoiding Antibiotics for Acute Bronchitis - No antibiotics indicated for treatment of acute bronchitis or acute cough - However, antibiotics are commonly inappropriately prescribed - Antibiotics were prescribed for acute bronchitis 83 percent of the time in virtual-first or direct-to-consumer-based telemedicine⁸ - Prescribed 72 percent of the time in clinic-based primary care⁸  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 20
Moment 4 SAY: Finally, let's move to Moment 4. The first part of Moment 4 asks, "What symptomatic relief should I offer or prescribe to my patient?" The second part states, "What should I tell my patient about the expected course and the followup plan?"	Slide 21 Moment 4  - Is my patient an appropriate candidate for a telemedicine visit? - Does my patient have signs and symptoms indicating an infection that may require antibiotics? Is a diagnostic test needed? - If antibiotics are indicated, what is the narrowest, safest, and shortest regimen I can prescribe? - What symptomatic relief should I offer or prescribe to my patient? What should I tell my patient about the expected course and the followup plan? AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 21

Slide Title and Commentary	Slide Number and Slide
Moment 4: Symptomatic Treatment of Acute Bronchitis – 1 SAY: After informing the patient of the good news that antibiotics are not needed, it is helpful to provide recommendations for medications that might bring symptomatic relief for an acute cough if it is causing disruption in daily activities or sleep. Some adult patients may experience relief with a cough suppressant such as dextromethorphan, although limited data support the efficacy of cough suppressants. A nighttime dose of honey has been found to be as effective as dextromethorphan in reducing cough in adults and children over the age of 1 year. Also, honey should not be given to children under 1 year of age given its association with infantile botulism. The expectorant guaifenesin and combination antihistamine-decongestant products have been shown to have marginal effects in studies. However, if adult or teenage patients report previous positive experiences with them, they can be considered. Dextromethorphan, guaifenesin, and combination products should be avoided in children under 6 years of age and are not advised in children under 12 years of age due to serious side effects such as hypertension, cardiac arrhythmias, and even death in young children.	Slide 22 Moment 4: Symptomatic Treatment of Acute Bronchitis – 1 - Over-the-counter medications⁹⁻¹¹ - Dextromethorphan - Guaifenesin - Combination antihistamine-decongestants - Avoid in children <6 years of age - Not advised in children 6–12 years of age due to serious side effects - Honey¹² - Should not be given to children <1 year of age  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 22
Moment 4: Symptomatic Treatment of Acute Bronchitis – 2 SAY: Other medications that can be considered for severe cough require a prescription. Benzonatate suppresses the cough reflex by numbing stretch receptors in the lower respiratory tract. It should not be given to children under 10 years old due to fatalities reported with overdoses. Beta-agonist inhalers such as albuterol can improve symptoms from acute cough if the patient has described wheezing. There is no benefit to prescribing beta-agonist inhalers in the absence of wheezing or a history of asthma.	Slide 23 Moment 4: Symptomatic Treatment of Acute Bronchitis – 2 Consideration for severe cough: - Prescription medications⁹⁻¹¹ - Benzonatate - Avoid in children <10 years of age - Beta-agonists (if evidence of airflow obstruction)¹³  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 23

Slide Title and Commentary	Slide Number and Slide
Moment 4: Expectations and Followup Plan SAY: Patients with acute bronchitis should be told that their cough may last for at least 3 weeks and that antibiotics will not hasten resolution of the cough. For the followup plan, patients should be instructed to seek an in-person appointment if they do not feel significantly better after 3 weeks. They should also be instructed to seek an in-person appointment if they have a high fever of over 102 degrees Fahrenheit or develop a rash. They should be instructed to go to the emergency department if they develop trouble breathing, trouble swallowing, develop shortness of breath, severe fatigue, confusion, a bad headache, or severe weakness.	Slide 24 Moment 4: Expectations and Followup Plan • Cough may last at least 3 weeks ◦ Antibiotics will not help • Seek an in-person evaluation for— ◦ Cough that persists beyond 3 weeks ◦ High fever (above 102°F) ◦ Rash • Emergency department visit for— ◦ Severe headache ◦ Confusion ◦ Difficulty breathing or swallowing ◦ Shortness of breath or chest pain ◦ Severe weakness  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 24
Take-Home Messages SAY: In summary, antibiotics are not indicated for adults with acute bronchitis or for children with lingering cough following a viral upper respiratory tract infection. Antibiotics do not impact the magnitude or duration of cough in either of these syndromes. Options for symptomatic treatment can be provided to patients who are experiencing cough that interferes with daily activities or sleep, although data for their efficacy are limited.	Slide 25 Take-Home Messages ✓ Antibiotics are not indicated for adults with acute bronchitis or for children with an acute cough ✓ Consider providing symptomatic treatment options for patients who are experiencing cough that interferes with daily activities or sleep ◦ Limited data for efficacy  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 25
Disclaimer SAY: Please review this disclaimer.	Slide 26 Disclaimer • The findings and recommendations in this presentation are those of the authors, who are responsible for its content, and do not necessarily represent the views of AHRQ. No statement in this presentation should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services. • Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications and/or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities. AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 26

Slide Title and Commentary	Slide Number and Slide
References – 1 SAY: Here are the references.	Slide 27 References – 1 1. Smith MP, Lown M, Singh S, et al. Acute Cough Due to Acute Bronchitis in Immunocompetent Adult Outpatients: CHEST Expert Panel Report. <i>Chest</i>. 2020 May;157(5):1256-65. PMID: 32092323. 2. Woodhead M, Blasi F, Ewig S, et al. Guidelines for the management of adult lower respiratory tract infections—full version. <i>Clin Microbiol Infect</i>. 2011 Nov;17 Suppl 6:E1-59. PMID: 21951365. 3. Braman SS. Chronic cough due to acute bronchitis: ACCP evidence-based clinical practice guidelines. <i>Chest</i>. 2008 Jan;129(1 Suppl):95S-103S. PMID: 18428698. 4. Little P, Rumsey K, Kelly J, et al. Information leaflet and antibiotic prescribing strategies for acute lower respiratory tract infection: A randomized controlled trial. <i>JAMA</i>. 2005 Jun 22;293(24):3029-35. PMID: 15972565. 5. Centers for Disease Control and Prevention Archive. Overview of testing for SARS-CoV-2, the virus that causes COVID-19. May 11, 2023. https://archive.cdc.gov/?id=a51a1a1a-1a1a-1a1a-1a1a-1a1a1a1a1a1a. Accessed May 13, 2026. 6. Centers for Disease Control and Prevention. Laboratory information for collection of respiratory specimens for influenza virus testing. September 24, 2020. https://www.cdc.gov/flu/hcp/infla-collection/index.html. Accessed May 13, 2026. 7. Centers for Disease Control and Prevention. Diagnostic testing for RSV. February 24, 2026. https://www.cdc.gov/rhpc/infla/covid-diagnostic-testing.html. Accessed May 13, 2026. 8. Uscher-Pines L, Mulcahy A, Cowling D, et al. Access and quality of care in direct-to-consumer telemedicine. <i>Telemed J E Health</i>. 2016 Apr;22(4):282-7. Epub 2015 Oct 21. PMID: 26488151. AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 27
References – 2 SAY: Here are the references.	Slide 28 References – 2 9. Green JL, Wang GS, Reynolds KM, et al. Safety profile of cough and cold medication use in pediatrics. <i>Pediatrics</i>. 2017 Jun;139(6):e20163070. PMID: 28562262. 10. Drugs for cough. <i>Med Lett Drugs Ther</i>. 2018 Dec 17;60(1562):206-8. PMID: 30625123. 11. Smith SM, Schroeder K, Fahey T. Over-the-counter (OTC) medications for acute cough in children and adults in community settings. <i>Cochrane Database Syst Rev</i>. 2014 Nov 24;11:CD001831. PMID: 25420096. 12. Oduwole O, Udoh EE, Oyo-Ita A, et al. Honey for acute cough in children. <i>Cochrane Database Syst Rev</i>. 2016 Apr 10;4:CD007094. PMID: 26933783. 13. Becker LA, Hom J, Vilasis-Kuever M, et al. Beta2-agonists for acute cough or a clinical diagnosis of acute bronchitis. <i>Cochrane Database Syst Rev</i>. 2015 Sep 3;9:CD001728. PMID: 26333656. AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Acute Bronchitis 28

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