

Care and Treatment Plan: Acute Bronchitis – *Adult*

Definition

Acute bronchitis is a lower respiratory tract infection involving the large airways (bronchi), without evidence of pneumonia, that occurs in the absence of chronic obstructive pulmonary disease.¹

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

Note: A *consultation* refers to the RN(C) collaborating with members of the care team, such as a physician, nurse practitioner, or pharmacist, to support decision-making processes related to the diagnosis, treatment and management of the diseases, disorders, and conditions that the RN(C) are authorized to diagnose, treat and manage. A *referral* is when an RN(C) refers a patient to a medical care provider for further treatment, care or management. This occurs when patients are presenting with symptoms outside of what is provided in this document, including symptoms that require urgent referral.

Management and Intervention

Goals of Treatment^{1,2}

- Symptom management (coughing, fever)
- Antibiotic stewardship

Non-pharmacological Interventions^{1,2}

- Treatments to soothe the throat and provide relaxation, including hot tea, honey, throat lozenges, and humidification, may be effective
- Smoking cessation and removal of environmental irritants
- Increased rest and hydration to support immune function

Note: Clients may inquire about complementary and alternative medical (CAM) treatments. However, CAM treatments may not be supported by empirical evidence and may cause harm. Client education regarding recommended treatment options is important.³

Pharmacological Interventions

To relieve pain or fever:

- Acetaminophen 325mg 1-2 tabs PO q4-6h PRN⁴
- Ibuprofen 200mg 1-2 tabs PO q4-6h PRN⁵

To relieve cough and/or wheezing:^{1,2,6}

- Over the counter (OTC) cough suppressant and expectorant medications such as dextromethorphan, guaifenesin, and pseudoephedrine may be effective and provide relief

If bronchospasm, dyspnea, or wheezing is significant, short-acting β_2 -agonist bronchodilators can be trialed until acute symptoms resolve:

- Salbutamol 100mcg Metered-Dose Inhaler (MDI) 1 or 2 puffs q4h PRN via aero chamber-maximum dose of 8 puffs/day⁷

Because the vast majority of cases are caused by viruses, antibiotics are not recommended for the treatment of Acute Bronchitis, unless other complications are suspected or a specific pathogen has been identified. In these cases, RN(C)s must consult with a physician or nurse practitioner for treatment options.^{1,2,8}

Pregnant and Breastfeeding Clients^{9,10}

When administering, dispensing or prescribing a medication to an individual who is pregnant or breastfeeding, RN(C)s are encouraged to consult with interdisciplinary team members such as a pharmacist, physician or nurse practitioner, as risks and



benefits of medication use may vary depending on patient-specific considerations. The considerations noted here are restricted to medications that are directly contraindicated.

- Acetaminophen may be used as listed above
- Ibuprofen is not recommended for **pregnancy**, particularly after 20 weeks gestation⁵
- Pseudoephedrine is not recommended during the first trimester of pregnancy¹⁰
- Dextromethorphan and Guaifenesin can be used as listed above

Potential Complications^{1,2}

- Secondary pneumonia
- Prolonged symptoms, including post-viral cough
- Acute respiratory distress syndrome
- Spontaneous pneumothorax
- Spontaneous pneumomediastinum

Client Education/Discharge Information^{1,2,6}

- Recommend hand washing to prevent the spread of infection
- Inform client that cough may persist for up to 3 weeks
- Discuss with the client that routine antibiotic therapy is not necessary or recommended

Monitoring and Follow-up¹

- Return to clinic if new-onset fever, difficulty breathing, symptoms lasting >3 weeks, or bloody sputum

Consultation and/or Referral

- Consult with or refer to a physician and/or nurse practitioner if unresponsive to treatment or secondary infection is suspected
- Consult with or refer to a physician and/or nurse practitioner if the client is unresponsive to treatment, the coughing has persisted beyond three weeks, or if a secondary infection or communicable disease (such as pertussis or Tuberculosis) is suspected.
- RN(C)s should consider consultation or referral when they are unable to meet the BCCNM Registered Nurse (Certified Practice): Acting within Autonomous Scope of Practice standard.

Note: For more information on communicable diseases, see [BCCDC Communicable Disease Control Manual](#).

Documentation

- According to agency policy and BCCNM standards.

References

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