

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

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

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

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

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Dry or staccato cough

Honking, daytime cough

GERD

Chronic rhinoconjunctivitis

Throat tightness

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.
- If clinical symptoms/findings suggest CF, sweat testing should be 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.
- 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 bronchialveolar lavage and resolution with prolonged antibiotic therapy.

Maine Medical
PARTNERS