

BRONCHITIS

Children with upper respiratory infections (URIs or the common cold) often have a dramatic cough. Typically, a cold will begin with nasal congestion, with or without fever and sore throat, and then progress to a cough. The cough usually peaks by the fifth to seventh day and decreases by the fourteenth day. Some viruses will cause coughs that last up to a month.

The cough is caused by two main factors:

- The virus infects the lining of the nose, throat and bronchial tubes. In response, the body coughs to try to rid itself of the irritating virus.
- The body produces more mucus as it tries to wash the virus away. This leads to the “wet” sound of the cough and the sensation of “rattling” in the chest. The child may bring up lots of phlegm, sometimes causing gagging.

So when is a cough bronchitis instead of just a common cold? The **overwhelming majority** of children with mucus in their bronchial tubes have a viral infection and will get better **without** antibiotics. This is especially true for preschoolers.

There are some circumstances lingering cough should prompt a search for another diagnosis:

- **Sinusitis** – a child with sinusitis may have a lingering cough in association with ongoing or worsening nasal congestion. Just when the illness seems to be getting better, it may dramatically worsen again with the **return of fever, increasing congestion, cough or headache**. Sinus infection usually occurs after the child has been sick for **ten to fourteen days**. These children may need antibiotics.
- **Asthma** – a child with ongoing cough may actually have a mild form of asthma called “cough-variant asthma” where, instead of wheezing the child continues to cough. The solution here is to use asthma medication to address spasm and inflammation in the bronchial tubes.
- **Pertussis** – or “whooping cough” may cause ongoing or lingering cough. There are usually **clusters of tight coughing**, sometimes turning the face red, causing the eyes to tear, or causing vomiting. A few children will have a “whoop” or high-pitched noise when they try to breathe during the coughing spells. Immunity from pertussis vaccine wears off with age, so older children may be susceptible. Babies who have not completed the DPT series may also be susceptible. Treatment is aimed at comfort. Antibiotics are used to decrease contagiousness.
- **Mycoplasma** – this is an infectious organism seen mostly in school-aged children, who may have lingering cough and congestion symptoms. Generally, those infected are sick for **more than two weeks**. Antibiotic treatment may shorten the course of the infection.
- The bronchitis seen in adults is rarely seen in pediatric patients.

Thus, the majority of pediatric patients with ongoing cough do not have “bronchitis”. Talk to your doctor or nurse practitioner about the alternative causes of lingering cough.

Options to soothe the cough include:

- Avoid cigarette smoke exposure
- Humidify the air
- Clear the nose with saline spray
- Elevate the head for sleep
 - Note: do not use pillows or blankets in a crib; instead, place them UNDER the mattress to tilt it
- Dextromethorphan cough suppressant (delsym, dorcol, robitussin DM). These medications are not used under the age of four and avoided under the age of 12.
- A spoonful of honey can help decrease the cough (never use honey under age one)
- Vapor rubs may help children over age 2 years sleep better.
- Expectorants such as guaifenesin are contained in many over the counter cough medicines, but studies show extra fluids work just as well. These medications are not used under the age of four and avoided under the age of 12.

Unnecessary treatment of lingering cough with antibiotics contributes to the development of resistant strains of bacteria and is strongly discouraged at Hunterdon Pediatrics.