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Cough: Outpatient Care Protocol

Differential Diagnosis *J1, J2, J4, J6,J9, j11, J13, J14, J17,J18, B1*

Acute cough is most frequently due to an upper respiratory infection. Chronic cough is often simultaneously due to more than one condition, but can be the sole clinical manifestation of asthma and gastro esophageal reflux disease (GERD). The most common causes of chronic cough in nonsmokers are postnasal drip syndrome (PNDS), asthma, and /or GERD. Evaluation should focus on excluding severe illnesses, particularly pneumonia.

- Suspect Pneumonia if
  - Fever >37.8 C or >100F
  - Heart rate >100bpm
  - RR > 24
- Suspect Asthma if
  - History of recurrent lower respiratory infection
  - History of recurrent wheezing and / or cough, especially at night
  - Exertional dyspnea
  - Variation in symptoms from day to day.
- Suspect Influenza if:
  - Sudden fever: > 102 F or 39C
  - Myalgia
  - Local outbreak of flu
- Suspect Pertussis if:
  - Cough > 2-3 weeks with characteristic 'whoop'
  - coughing to the point of vomiting
  - a known community / household outbreak of pertussis
- Suspect Rhino sinusitis if:
  - Nasal purulence not improving after 7 days
  - Unilateral facial or tooth pain or tenderness
- Suspect exacerbation of chronic bronchitis if:
  - Previous diagnosis of chronic bronchitis (productive cough present 3 months / year x 2 years) or COPD
  - Increased dyspnea and cough
  - Possible increased sputum volume or purulence
- Suspect GERD if:
  - Chronic cough not exposed to environmental irritants nor a present smoker nor ACE user
  - Chest radiograph is normal and asthma symptoms have been ruled out and cough non responsive to inhaled corticosteroids.
- Suspect measles, mumps before rash as cough starts first.
- Suspect SWINE FLU- If cough presents with high fever and dyspnea
- Suspect Pneumoconiosis if chronic cough associated with
  - Prolonged exposure to dust from textile industry/ coal mining or exposure to other mineral factory work
  - Shortness of breath
  - Chest X-ray may show a characteristic patchy, subpleural, bibasilar interstitial infiltrates or small cystic radiolucencies called honeycombing

- **For patients with a definite diagnosis of Tuberculosis** based on sputum smear results, knowing the category of result and medical recommendation, including the recommended phase of treatment. The patient may be categorized under one of the following categories:

  Category I

  - New sputum smear-positive
  - Seriously ill new sputum smear-negative
  - Seriously ill new extra-pulmonary

  Category II

  - Sputum smear-positive - Relapse
  - Sputum smear-positive - Failure
  - Sputum smear-positive - Treatment After default

  Category III

  - New Sputum smear - negative - not seriously ill
  - New Extra - pulmonary - not seriously ill