The authors and reviewers have made every attempt to ensure the information in this Family Medicine Clinical Card is correct – it is possible that errors may exist. Accordingly, the source references or other authorities should be consulted to aid in determining the assessment and management plan of patients. The Card is not meant to replace customized patient assessment nor clinical judgment. The Card is meant to highlight key considerations in particular clinical scenarios, largely informed by relevant guidelines in effect at the time of publication. The authors cannot assume any liability for patient outcomes when this card is used.

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Cough

Acute Cough (<3 weeks)

Red Flag/Cue	Possible Cause	Notes
Febrile	Influenza	No signs of consolidation.
	Bacterial Pneumonia	↑HR, ↑RR, signs of consolidation. Can persist and become chronic.
Whooping cough, cough-emesis	Pertussis	Can be acute, subacute, or chronic cough.
Hx of asthma, COPD, CHF	Exacerbations of pre-existing disease	Can be acute, subacute, or chronic cough.
Allergy symptoms	Allergic rhinitis	Often associated with asthma.
New onset in young children	Foreign body	Bronchoscopy to investigate + extract.
Facial pressure/pain	Sinusitis	Differentiate between viral and bacterial.
Rhinitis, no red flags	Acute bronchitis	Causes: most commonly viral URTI.

CURB65 –Points predicts the mortality in community acquired pneumonia.

Confusion	1
BUN >7 mmol/l	1
Respiratory rate ≥30	1
SBP <90 mmHg, DBP ≤60 mmHg	1
Age ≥65	1

0-1 pts- treat as an outpatient
2-3 pts- consider a short hospital stay or watch very closely as outpatient
4-5- needs hospitalization, consider ICU

Subacute (3-8 weeks) and Chronic cough (>8 weeks)

- If a patient has a chronic cough with no obvious cause such as ACE inhibitor use, GERD, or post nasal drip, get a CXR to rule out more sinister pathology.
- Children <15 y.o. with chronic cough should undergo CXR + spirometry at min.
- Many chronic coughs are a combination of multiple etiologies.

Red Flag/Cue	Possible Cause	Notes
Cough persisting after URTI	Post-infectious	Causes: viral infection, pertussis, bacterial sinusitis. Most common cause of subacute.
ACE inhibitor use	ACE inhibitor	Non productive cough. Can start 1 wk - 6 months after therapy started.
Throat clearing, nasal discharge, tickle in throat	Post-nasal drip	Associated with rhinitis, sinusitis, GERD, disorders of swallowing, allergies. Most common cause in non-smoking adults.
Episodic wheezing, SOB	Asthma and/or Chronic bronchitis/ COPD	Asthma: 2nd most common cause in non-smoking adults. Variable airflow obstruction reversible with bronchodilators.
Smoker, sputum production		Chronic bronchitis: Most common cause in smokers. Cough for 3mo in 2 successive yrs, in absence of other causes. Most also have COPD. COPD: has a spectrum of manifestations including chronic bronchitis and emphysema.
Prolonged expiratory phase		
Heartburn, regurg	GERD	3rd most common cause in non-smoking adults.
Large volumes of sputum	Bronchiectasis	Accumulation of excessive secretions. Cough with ≥30 mL of purulent sputum in 24 hrs.
Hemoptysis, weight loss	Bronchogenic carcinoma	Red flags: new or changed cough in long term smoker, constitutional symptoms
	TB	Fever, in area with ↑ prevalence, HIV+, health care worker, crowded housing, alcoholic.
CXR: Bilateral hilar adenopathy	Sarcoidosis	Systemic disease, can get cutaneous symptoms, fatigue, joint pain. R/o lung Ca.

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