**Tower Hamlets Children and Young People Guideline
*Chronic Cough***

***For advice and guidance, contact the Paediatric Hotline.
Telephone number: 07919598173***

Definition: Cough persisting continuously > 8 weeks

• Cough is common and normal, especially in preschool children;

• Nocturnal cough is suspicious;

• Most cough is self-limiting, caused by viral URTI, watchful waiting and reassurance is sufficient;

• Quality, duration, and associations of cough are key to diagnosis and management.

Cough > 8 weeks?

**Investigate and Treat In Primary Care, REFER IF UNSUCCESSFUL**

No

Yes

**REQUIRES SECONDARY CARE REFERRAL**

Rhinitis, Throat clearing,

Hayfever, Nocturnal Sx

\*Cough Swab = Standard microbiology swab held in the child’s throat during a cough. TQuest request “sputum study”.

?Asthma

(Trial Asthma Rx (3 months of British Thoracic Society step 1-2

See page 16

<https://www.brit-thoracic.org.uk/>))

Trial Asthma Medication

(3 months of British Thoracic Society step 1-2) See page 16

[https://www.brit-thoracic.org.uk/](https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-quick-reference-guide-2016/%22%20%5Co%20%22Brit)

Key:

? – Possible

Rx – Treatment

Sx - Symptons

GOR – Gastro-Oesophageal Reflux

PCD - Primary Ciliary Dyskinesia

CF – Cystic Fibrosis

?Postnasal drip

(Trial Rhinitis Rx e.g. Fluticasone nasal spray, See BNFC/Allergen Avoidance)

Reflux, Exercise/nocturnal Sx, Dysphagia, Wheeze, Food aversion, Wet or Dry

Stop Asthma medication

Stop Asthma medication

Consider Other Causes/

Referral

Restart Asthma Rx only if relapse

Pertussis, Mycoplasma Serology, Cough Swab\*, Refer if concerns

No Response

Clinical

Response

History + Exam

Consider Chest X-Ray, Spirometry, Cough swab\*

?Persistent Bacterial Bronchitis

(Cough swab\* and 2-4/52 PO
Co-amoxiclav)

Dry cough, Atopy, Harrison Sulcus, Wheeze, Family History, Exercise/Nocturnal Sx

Croupy, Brassy/Barking, History of Tracheo-oesophageal Fistula, Lymphadenopathy

?TB/Lymphoproliferative Disease - **REFER**

Yes

?Interstitial Lung Disease

**REFER**

?Primary Bronchiectasis

(CF, Immunodeficiency, PCD) **REFER**

?Aspiration? (GOR/ Laryngeal Cleft/Fistula//Unsafe Swallow) **REFER**

?Airway malacia/Extrinsic Airway Compression/Foreign Body **REFER**

?Psychogenic/Habit Cough

(Reassure/Consider CAMHS)

Progressive, Weight loss, Fevers, Night sweats, Lymphadenopathy

Dry cough, Clubbing, Breathlessness, Clubbing, Restrictive spirometry

Yes

No

No

Treat Acute Illness/

Reassure and Observe

Specific Features?

(Some or all may be present)

Genuinely troublesome?

(excessive, limiting sleep/exercise)

Isolated Cough in well child?

Isolated Wet Cough, otherwise well

Preceding acute illness

No clinical signs, Distractibility,

No Nocturnal Sx, “Abnormal” cough

Wet cough, Poor growth, Steatorrhoea, Clubbing, Frequent other infections

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*Chronic Cough***

**Document Control Information**

This document was created collaboratively between Tower Hamlets CCG and Barts Health NHS Trust. The document has been approved locally for use within the London Borough of Tower Hamlets.

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**Document Overview**

This document acts as a guideline and advises on the pathway and procedures which need to be followed when diagnosing and referring patients for treatment. This guideline should be used in conjunction with the users’ clinical judgement.

**Safeguarding**Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and
Click [Here](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)
NICE Guidance to be used where appropriate. - <https://www.nice.org.uk/guidance/cg89>

**Co-Amoxiclav Information.**Microbiology has authorized the use of co-amoxiclav in the specific situations within this guideline.

**Investigations**Investigation names and acronyms marked with \* are noted as per the TQuest system input.