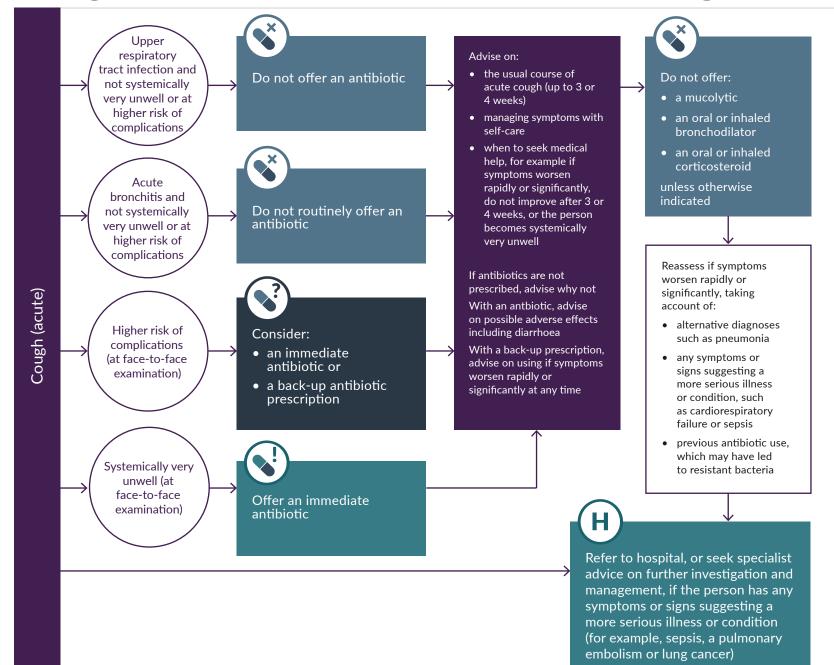
Cough (acute): antimicrobial prescribing







Self-care

Some people may wish to try the following, which have limited evidence of benefit for the relief of cough symptoms:

- honey (in people aged over 1)
- pelargonium (herbal medicine; in people aged 12 and over)
- over-the-counter cough medicines containing the expectorant guaifenesin (in people aged 12 and over)
- over-the-counter cough medicines containing cough suppressants, except codeine, (in people aged 12 and over with non-persistent cough and without excessive secretions)

Limited evidence suggests antihistamines, decongestants and cough medicines containing codeine do not help cough symptoms



Background

- Acute coughs are usually self-limiting but can last up to 3 to 4 weeks
- Antibiotics make little difference to how long a cough lasts
- Usually caused by a viral upper respiratory tract infection, such as a cold or flu
- Also caused by acute bronchitis (a lower respiratory tract infection), which is usually viral but can be bacterial

Higher risk of complications:

- People with a pre-existing comorbidity
- Young children born prematurely
- People older than 65 years with 2 or more of the following, or older than 80 years with 1 or more of the following:
 - hospitalisation in previous year
 - type 1 or type 2 diabetes
 - history of congestive heart failure
 - current use of oral corticosteroids

February 2019

Cough (acute): antimicrobial prescribing



Choice of antibiotic: adults aged 18 years and over

Antibiotic ¹	Dosage and course length
First choice	
Doxycycline ²	200 mg on first day, then 100 mg once a day for 4 days (5-day course in total)
Alternative first choices ³	
Amoxicillin	500 mg three times a day for 5 days
Clarithromycin	250 mg to 500 mg twice a day for 5 days
Erythromycin	250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days

¹ See <u>BNF</u> for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding

When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Choice of antibiotic: children and young people under 18 years

Antibiotic ¹	Dosage and course length ²
First choice	
Amoxicillin	1 to 11 months: 125 mg three times a day for 5 days 1 to 4 years: 250 mg three times a day for 5 days 5 to 17 years: 500 mg three times a day for 5 days
Alternative first choices ³	
Clarithromycin	1 month to 11 years: Under 8 kg, 7.5 mg/kg twice a day for 5 days 8 to 11 kg, 62.5 mg twice a day for 5 days 12 to 19 kg, 125 mg twice a day for 5 days 20 to 29 kg, 187.5 mg twice a day for 5 days 30 to 40 kg, 250 mg twice a day for 5 days 12 to 17 years: 250 mg to 500 mg twice a day for 5 days
Erythromycin	1 month to 1 year: 125 mg four times a day or 250 mg twice a day for 5 days 2 to 7 years: 250 mg four times a day or 500 mg twice a day for 5 days 8 to 17 years: 250 mg to 500 mg four times a day or 500 mg to 1000 mg twice a day for 5 days
Doxycycline ⁴	12 to 17 years: 200 mg on first day, then 100 mg once a day for 4 days (5-day course in total)

¹ See <u>BNF for children</u> for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment

² Doxycycline should not be used in pregnancy, and the possibility of pregnancy should be considered in women of childbearing age

³ Amoxicillin is the preferred antibiotic in pregnancy. Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms. See the Medicines and Healthcare products Regulatory Agency (MHRA) Public Assessment Report on the safety of macrolide antibiotics in pregnancy

² The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age.

³ Amoxicillin is the preferred antibiotic in pregnancy. Erythromycin is preferred if a macrolide is needed in pregnancy, for example, if there is true penicillin allergy and the benefits of antibiotic treatment outweigh the harms. See the Medicines and Healthcare products Regulatory Agency (MHRA) Public Assessment Report on the safety of macrolide antibiotics in pregnancy

⁴ Doxycycline should not be used in pregnancy, and the possibility of pregnancy should be considered in women of childbearing age