Avoidance of antibiotics treatment in adults with acute bronchitis

In most cases of acute bronchitis, the cause is not bacterial but viral, and antibiotic prescriptions are inappropriate. Antibiotic treatment of adults with acute viral bronchitis is a concern because misuse and overuse of antibiotics lead to antibiotic drug resistance and unintended adverse outcomes such as rashes, yeast infections, and clostridia difficile colitis. In adults with acute bronchitis who do not have comorbidity or other infections for which antibiotics may be appropriate, treating bronchitis with antibiotics is not recommended.²

**Measure**

Adults 18–64 years of age with a diagnosis of acute bronchitis who were not given an antibiotic prescription³

**What to look for:**

Patients who were diagnosed with uncomplicated acute bronchitis

If prescribed an antibiotic, document any comorbidity

**Tips for provider and/or staff when talking to the patient**

- Discuss how the use of antibiotics to treat a viral condition like acute bronchitis may cause more harm than good.
- If the patient insists on an antibiotic, refer to the illness as a “chest cold” or viral upper respiratory infection and suggest at-home treatments.
- At-home treatments include using over-the-counter cough medicine, using anti-inflammatory medicine, drinking extra fluids, resting, and using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief.
- The cough from acute bronchitis will generally last 10–14 days.
- Mucus that is yellow or green does not necessarily mean that the patient has a bacterial infection.
- If prescribing an antibiotic for a bacterial infection, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.

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