**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

- If consultation is felt to be emergent, the infant/child should call 911 and/or be evaluated in the nearest Emergency Department
- Dyspnea
- Tachycardia
- Hypoxia
- Crackles (especially in the absence of acute illness)
- Clubbing
- Stridor
- Choking/gagging
- Productive cough
- Suboptimal feeding/growth trajectory
- Constitutional symptoms
- Foreign body aspiration (FBA)
- Steatorrhea
- Sharp, stabbing, chest pain

**SYMPTOMS AND LABS**

**SUGGESTED PREVISIT WORKUP**

- 2 view CXR
- Spirometry in children 6 or older
- Sweat chloride
- Modified barium swallow
- Basic immunology studies
- HRCT of the chest
- PPD

**SUGGESTED EMERGENT CONSULTATION**

- Chest tightness
- Stepping up on asthma therapy
- Stridor
- Hoarseness
- Wheezing
- Recurrent sinopulmonary infections
- Choking/gagging
- Chronic rhinoconjunctivitis
- Exercise intolerance

**SYMPTOMS AND LABS**

**SUGGESTED WORKUP**

- 2 view CXR
- Spirometry in children 6 or older
- Modified barium swallow
- Allergy testing/treatment for environmental allergies
- Education on allergen avoidance
- Reduce passive smoke exposure

**SUGGESTED MANAGEMENT**

- Spirometry in children 6 or older
- Treatment for asthma
- Treatment for GERD
- Allergy testing/treatment for environmental allergies
- Education on allergen avoidance
- Treatment for habit cough
- Reduce passive smoke exposure
- Speech therapy for vocal cord dysfunction
- Screen for B. pertussis

**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**

**SUGGESTED EMERGENT CONSULTATION**

- Dry or staccato cough
- Honking, daytime cough
- GERD
- Chronic rhinoconjunctivitis
- Throat tightness

**SYMPTOMS AND LABS**

**SUGGESTED WORKUP**

- 2 view CXR
- Spirometry in children 6 or older
- Modified barium swallow
- Allergy testing/treatment for environmental allergies
- Education on allergen avoidance
- Reduce passive smoke exposure

**SUGGESTED MANAGEMENT**

- Spirometry in children 6 or older
- Treatment for asthma
- Treatment for GERD
- Allergy testing/treatment for environmental allergies
- Education on allergen avoidance
- Treatment for habit cough
- Reduce passive smoke exposure
- Speech therapy for vocal cord dysfunction
- Screen for B. pertussis

**LOW RISK**

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**

**SUGGESTED WORKUP**

- 2 view CXR

**SUGGESTED MANAGEMENT**

- Spirometry in children 6 or older
- Treatment for asthma
- Treatment for GERD
- Allergy testing/treatment for environmental allergies
- Education on allergen avoidance
- Treatment for habit cough
- Reduce passive smoke exposure
- Speech therapy for vocal cord dysfunction
- Screen for B. pertussis

**CLINICAL PEARLS**

- In the setting of chronic cough with complex medical issues (ex. Trisomy 21), consider a referral.
- A normal CXR does not rule out FBA as most FBs are not radiopaque.
- If clinical symptoms/findings suggest CF, sweat testing should be done even with a history of a normal CF newborn screen.
- Cough suppressants and other OTC cough medications should not be used in infants/children.
- Repetitive, dry, honking cough that is absent during sleep is suggestive of a habit or psychogenic cough.
- Consider vocal cord dysfunction in adolescents with a history of throat tightness, respiratory distress/noisy breathing on inspiration, +/- anxiety, in the absence of infection and/or chronic cough.
- Protracted bacterial bronchitis (PBB) is defined as a wet cough, positive bronchialveolar lavage and resolution with prolonged antibiotic therapy.

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.