# **Proposed Primary Care Approach to Assessing Adults with Chronic Cough**

## **Primary Investigations**

To aid in diagnosis and/or referral

- Consider duration of symptoms (chronic cough definition >8 weeks)
- Review Red Flags (see below)
- Review medical history, including potential triggers:
  - Smoking, ACE inhibitors, sitagliptin?
- Cough persists
- issues or travel exposure?

- Occupational/environmental
- Perform physical exam
- Complete chest radiograph

#### Red flags for more severe issues

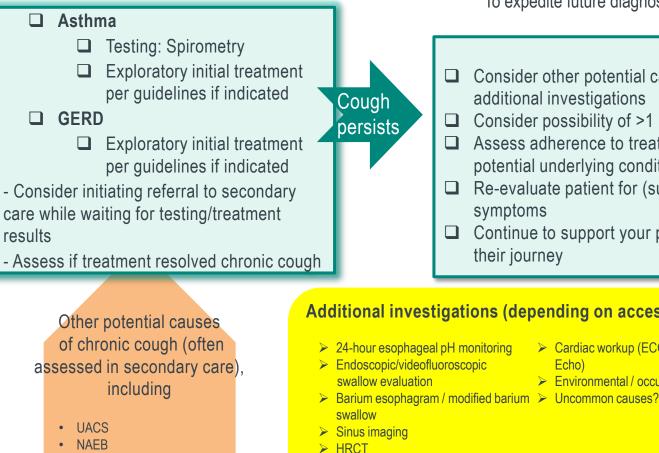
- Hemoptysis
- > Smoker >45 years with new cough, cough change or coexisting voice disturbance
- > Age 55-80 years: 30 pack-year smoking history + current smoker or quit <15 years ago
- Prominent dyspnea, especially at rest or at night
- Hoarseness
- Systemic symptoms, including fever, weight loss, peripheral edema with weight gain
- Trouble swallowing while eating or drinking
- Vomiting
- Recurrent pneumonia
- Abnormal respiratory exam and/or chest radiograph coinciding with duration of cough

## Work-up for potential underlying

### **CONDITIONS** (Reassess in 4-6 weeks at least)

Bronchiectasis

Assess for and treat as needed (alone or in combination)



## While patient waits to be seen by specialist

airways group

To expedite future diagnosis

- Consider other potential causes / additional investigations
- Consider possibility of >1 cause
- Assess adherence to treatment of potential underlying conditions
- Re-evaluate patient for (subtle)
- Continue to support your patient through

#### Additional investigations (depending on access to testing)

- Bronchoscopy

- Cardiac workup (ECG, Holter monitoring,
- Environmental / occupational assessment

Kaplan A. Adapted from 2018 ACCP Guidelines Irwin RS et al. Chest 2018;153(1):196-209 ACE, angiotensin-converting enzyme; ECG, electrocardiogram; HRCCT, high resolution computed tomography; GERD: gastro-esophageal reflux disease, NAEB: non-asthmatic eosinophilic bronchitis, UACS: upper airway cough syndrome, PNDS: post-nasal drip syndrome; UACS, upper airway cough syndrome