Start With
Asking the patient the below questions

• How long have you had a cough?
• Have you had any fevers?
• Is your cough producing any phlegm? If so, what color?
• Is your cough dry, meaning not phlegm producing?
• At what time of the day are you coughing?
• Do you cough more when you eat or drink?

If Yes

Document all answers in patient record. These answers help determine etiology of cough.

Next Step
Refer to Physician/APC

Access for infectious etiologies such as acute bronchitis or pneumonia if indicated.

If no infectious indication, determine if cough could be from:
• Pleural disease-effusion, tumor
• Lung parenchyma infiltration
• Major airway or endobronchial tumor
• Cough after radiation or after chemotherapy
• COPD; chronic bronchitis
• Bronchiectasis
• Pericardial effusion
• Upper airway cough syndrome due to a variety of rhinosinus conditions
• Gastroesophageal reflux disease
• Asthma
• Lymphangitis carcinomatosis
• Chest infection
• Microembolism
• Tracheoesophageal fistula
• Vocal cord paralysis
• Congestive heart failure
• Post infectious cough Eosinophilic bronchitis
• Angiotensin-converting enzyme inhibitor

Early empiric treatment:
• Reduce/eliminating possible causative agents (cigarette smoker, ACE inhibitors)
• Treat underlying cause (medications for bacterial URI, bronchodilators for asthma/COPD, chemo and/or radiation cancer related cough, etc.)
• Rx for cough: guaifenesin, dextromethorphan, codeine, etc. (can move up from weaker to stronger depending on the severity of the cough)
• Pts with ILD (interstitial lung disease) and cancer, bronchial dilators and steroids may be needed
• If cough does not improve in 3-5 days, revaluate.

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

Patient Links and Handouts:

➢ NIH, Cough
➢ Cancer.Net, When to Call the Doctor During Cancer Treatment

CSOC Patient Handout can be accessed at:
http://cancer-help.me/cough

References:

➢ Palliative care: Overview of cough, stridor, and hemoptysis in adults