Bronchiectasis or Bronchiectasis Risk

Add to CPP registry. Update Problem List with ICD10 code.

Chronic Management

Acute Management

- Persistent infiltrate >6 weeks or
- Chronic wet cough >4 weeks or
- Fever, increased wet cough, dyspnea, etc.

Treat with Augmentin 45 mg/kg/dose BID or cefdinir 14 mg/kg/dose daily for at least 2 weeks.
Chest physiotherapy TID.
Recheck after two weeks.
Consider systemic steroids if significant bronchospasm.

Improved
Not improved

Stop antibiotics.
Follow-up in 2-3 months.
Restart antibiotics for additional 2 week course if cough recurs.

Continue antibiotics and recheck after two more weeks.

Improved
Not improved

Stop antibiotics.
Follow-up in 2 months.
Restart antibiotics if cough recurs.

Consult pulmonologist.
Do sputum culture (via RT in Bethel) and adjust antibiotics per sensitivities.
Consider repeat CXR.

Comorbidity Management
- Aspiration: trial thickener if <3 years, feed with swaddling in side-lying position at 45 degrees with slow-flow nipple, consider speech therapy.
- TB: place PPD, send sputum/gastric aspirates if indicated (see Pediatric TB Evaluation & Treatment guideline).
- Asthma: bronchodilators, inhaled steroids.
- CF: confirm that negative on newborn screen.

Maintenance Management
- Follow-up with pulmonology clinic Q3-6mo and pediatrician or health aide Q2-3mo to check symptoms and medications.
- Annual PFTs if >5 years.
- Annual flu vaccine.
- Pneumococcal vaccine.
- Treat dental caries.
- Optimize environmental health with woodstove safety, vents, irritant reduction, smoking cessation, etc.
- Airway clearance: P&P/chest PT, consider acapella.
- Consider allergy testing.
- Ensure good transition to family medicine/adult pulmonology at age 18 with CT prior to transition.

If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.