



Definitions

- Bronchiectasis is a lung condition with chronic wet cough and lung infections and is diagnosed by CT scan. Use ICD10 code J47 – “Bronchiectasis.”
- Bronchiectasis risk is defined as ≥ 3 episodes of wet cough > 4 weeks in the past 2 years, often in a setting of persistent infiltrates and recurrent pneumonia. Use ICD10 code J41.1 – “Chronic purulent bronchitis.”

Comorbidity Management

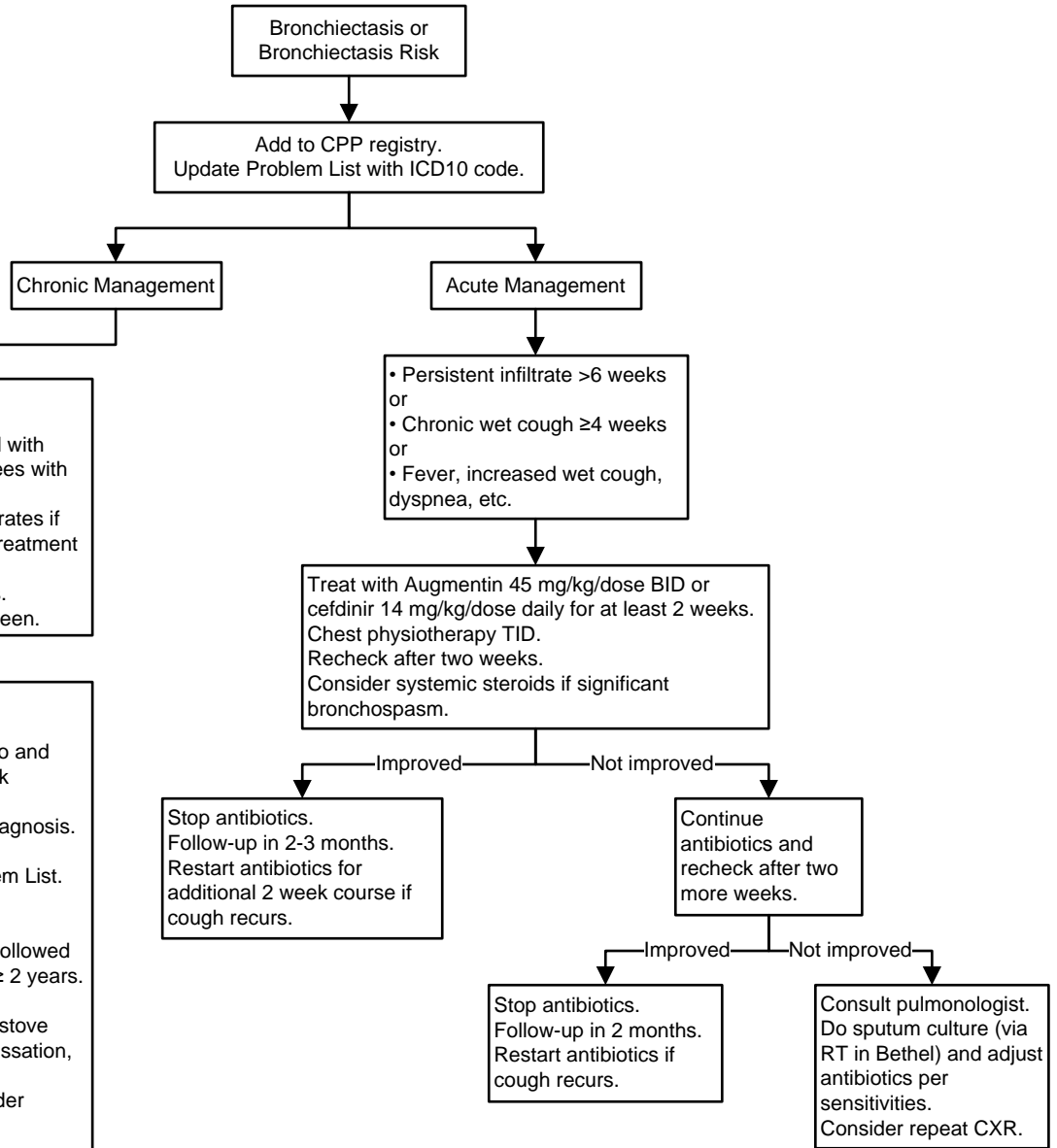
- Aspiration: trial thickener if < 3 years, feed with swaddling in side-lying position at 45 degrees with slow-flow nipple, consider speech therapy.
- TB: place PPD, send sputum/gastric aspirates if indicated (see Pediatric TB Evaluation & Treatment guideline).
- Asthma: bronchodilators, inhaled steroids.
- 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. At every visit:
 - Patient and caregiver should repeat diagnosis.
 - Review plan for exacerbations.
 - Check that bronchiectasis is on Problem List.
- Annual PFTs if > 5 years.
- Annual flu vaccine.
- Pneumococcal vaccines: PCV-13 series followed by one dose of PPSV-23 (Pneumovax) at ≥ 2 years.
- Treat dental caries.
- Optimize environmental health with woodstove safety, vents, irritant reduction, smoking cessation, etc.
- Airway clearance: P&PD/chest PT, consider acapella.
- Consider allergy testing.

Transition of Care

- Review diagnosis and management with patient and caregiver at each visit. Patient and caregiver should verbalize diagnosis, treatment, and exacerbation plan.
- At age 17, a pediatrician should review chart and refer patient to pediatric pulmonology for chest CT, treatment plan, and handoff visit.
- At age 18, a pediatrician should schedule a transition of care appointment with family medicine, write an Alert Note that includes a summary of medical history and current treatment plan, and refer to adult pulmonologist.



This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 9/2/20.

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