




Cough

'Coughs and colds' are the archetypal conditions seen in general practice - indeed cough is the most common symptomatic presentation to Australian GPs. Cough usually has a benign aetiology, but can be the first symptom of serious disease. GP registrars need to develop a systematic approach to the assessment and management of cough, including appropriate investigation where indicated.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Classification of cough duration – acute, protracted acute and chronic • Common and serious causes of cough in general practice • Focussed respiratory examination • Red flags for potentially serious disease, and indications for investigation • Appropriate investigations for cough • Evidence-based symptomatic treatment of RTI-related cough • Approach to managing specific causes of cough in children, adults and the elderly
<p>PRE-SESSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Read the excellent MJA clinical overview CICADA: Cough in Children and Adults
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • The most common causes of chronic cough in adults (>8 weeks) are post-infective cough, GORD and asthma • The three most common causes of chronic cough in children (>4 weeks) are protracted bacterial bronchitis (PBB) and asthma • Post-viral cough can persist for many weeks after an acute URTI • Postnasal drip is now referred to as 'upper airway cough syndrome' • Green sputum does not predict bacterial infection • Don't forget common pitfalls - ACE inhibitor cough, PBB, vocal cord dysfunction, eosinophilic bronchitis and tuberculosis • 'Don't order chest x-rays in patients with simple uncomplicated acute bronchitis' – see RACGP Choosing Wisely • Cough suppressants have only marginal benefit over placebo • 'Avoid prescribing antibiotics for URTI and acute bronchitis' – see Choosing Wisely
<p>RESOURCES</p> 	<p>Read</p> <ul style="list-style-type: none"> • CFP – Acute Cough in Adults • CFP - Acute Cough in Children • AAFP - Algorithm for assessment of chronic cough
<p>FOLLOW UP & EXTENSION ACTIVITIES</p>	<p>Ask the registrar to complete the clinical reasoning challenge under exam conditions and discuss Registrar to record the details of the next 10 patients that present with a cough and discuss key features on history and examination</p>

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Clinical Reasoning Challenge

Bobbie Ling, aged 61, presents to you with a nine-week history of cough. He is a new patient to the practice. He describes a typical viral URTI at the start of the illness (runny nose and sore throat) but the cough has persisted since then. He denies past respiratory problems and takes no medications.

QUESTION 1. What are the MOST IMPORTANT key features of history in helping to identify potentially serious causes of this patient's cough? List up to SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 2. What are the MOST IMPORTANT causes (both common and serious) of this patient's cough to consider? List up to FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 3. What are the MOST IMPORTANT initial investigations to help diagnoses the cause of this cough? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Cough

ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features of history in helping to identify potentially serious causes of this patient's cough? List up to SIX.

- Haemoptysis
- Smoking history
- Dyspnoea
- Chest pain
- Weight loss
- Fever
- Nature of sputum
- TB exposure (migrant, health care worker)

QUESTION 2

What are the MOST IMPORTANT causes (common and serious) of this patient's cough to consider? List up to FIVE.

- Rhinitis/sinusitis
- Asthma
- GORD
- Persistent bacterial bronchitis
- Cancer of the lung
- CCF
- TB

QUESTION 3

What are the MOST IMPORTANT initial investigations to help diagnoses the cause of this cough? List up to TWO.

- CXR
- Sputum culture (including AFB) if cough productive