

Acute Bronchitis

A plain-English guide for you and your family

WHAT IS HAPPENING

Acute bronchitis is when the big breathing tubes inside your chest (called bronchi) get swollen for a short time. Almost always a virus causes it—the same kind that gives you a cold or flu. The virus irritates the lining of those tubes. The lining puffs up, makes extra mucus, and gets jumpy. That is why the main thing you notice is a cough that hangs on and on. The cough can be dry, or it can bring up mucus that is clear, white, yellow, or even green. (The color comes from your immune cells and does NOT mean you have a bacterial infection.) Most people had a stuffy nose or sore throat first. The big thing to remember: the cough often lasts one to three weeks, and antibiotics do not help because a virus—not bacteria—is the cause. Treatment is about staying comfortable and giving your body time to clear the virus on its own. The main job for your doctor or nurse is to make sure you do NOT have pneumonia (a deeper infection in the tiny air sacs of the lung), which is more serious and needs different care.

What you might feel

- Cough that lasts one to three weeks
- Cough may be dry or bring up mucus (clear, white, yellow, or green)
- Cold symptoms came first (runny nose, sore throat, low-grade fever)
- Chest feels sore or tight from coughing
- Feeling tired or worn out
- Mild wheeze or whistling sound when breathing
- No pneumonia signs: normal breathing rate, normal oxygen level, clear lungs when listening
- High fever (over 100.4°F or 38°C), fast breathing, or trouble breathing at rest
- Coughing up blood

Call the doctor right away if...

- High fever, fast heart rate, fast breathing, or low oxygen level—think pneumonia and get a chest X-ray
- Shortness of breath at rest, blue lips, or working hard to breathe—a deeper lung problem, not simple bronchitis
- Coughing up blood—needs a workup for pneumonia, tuberculosis, blood clot in the lung, or cancer
- Cough lasting more than three weeks—reconsider whooping cough (pertussis), asthma, acid reflux, or another cause
- Coughing fits that end in a whoop or vomiting, or contact with someone who has whooping cough—suspect pertussis

What the care team will do

- Check and document vital signs and oxygen level
- Teach that antibiotics are not needed and explain why
- Give clear return-precautions (when to come back)
- Support comfort: fluids, rest, fever control, and smoking cessation

Medicines you may be given — and why

Acetaminophen (Tylenol)

Acetaminophen turns down the brain's temperature switch and blocks pain signals so fever drops and chest soreness, headache, and body aches ease while your immune system clears the virus.

Ibuprofen (Advil, Motrin)

Ibuprofen blocks chemicals that cause fever, pain, and swelling in the chest wall and airways, so soreness eases and fever drops while your body fights the infection.

Albuterol (ProAir, Ventolin, Proventil) — only if wheezing or known reactive airway disease

Albuterol relaxes the tight muscle bands wrapped around the breathing tubes in the lungs, opening the airways within minutes so wheezing eases and breathing becomes easier.

Dextromethorphan (Robitussin DM, Delsym) — only for nighttime cough relief if needed

Dextromethorphan turns down the cough center in the brainstem so the urge to cough lessens, helping you sleep when a dry, hacking cough keeps you awake.

Guaifenesin (Mucinex, Robitussin chest congestion) — if thick mucus is hard to cough up

Guaifenesin helps thin thick, sticky mucus in the airways so it becomes easier to cough up and clear out, keeping airways open and reducing chest congestion.

Where this information comes from

- CDC — Antibiotic Prescribing and Use: Acute Bronchitis
- American College of Physicians / CDC — Appropriate Antibiotic Use for Acute Respiratory Tract Infection in Adults (Annals of Internal Medicine 2001)
- Cochrane Review — Antibiotics for acute bronchitis (2017)
- American Academy of Family Physicians (AAFP) — Acute Bronchitis clinical guideline

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