

# Chronic Cough in Children

# Understanding a child's cough

Cough is a reflex that helps protect the lungs. It is a way for the body to clear the airways from particles in the air that we inhale, such as dust, as well as to clear mucus and germs. Cough is one of the most common symptoms parents or carers take their children to the doctor for.

A daily cough lasting more than four weeks is considered a **chronic cough** and should be investigated with a GP.

The way a cough sounds may indicate the underlying condition. It may sound dry or wet. A wet cough means that there is excessive mucus in the airways. If your child has a chronic **wet** cough, it is unlikely that a virus is the cause.



**If your child has a wet sounding cough for more than four weeks there is usually a reason for it and specific treatment is often prescribed.**

## Diagnosis

The GP will start by taking a detailed health history. It is important to discuss your child's cough and any other related symptoms.

You may want to discuss:

- Duration of cough
- Pattern of cough - do they only cough during the day, only at night or all the time?
- Type of cough - does the cough sound wet or dry?
- Intensity of cough - does it wake them up at night?
- Anything you have noticed that worsens or improves their cough
- Events leading up to their cough:
  - Did it start after a choking episode?
  - Have they recently been sick or been around others who are?
  - If they are an infant, do they frequently cough and choke with feeds?
- Other health concerns - have they lost weight or are not growing?
- Any potential triggers they may be exposed to, such as second-hand tobacco smoke or allergens.

Tests may not be required as a detailed history and physical examination are typically enough to make a diagnosis. A diagnosis is often confirmed if your child's cough responds to the prescribed treatment.

However, should your child need to undergo tests, depending on their age, these may include:



Chest X-ray



Spirometry

## QUESTIONS TO ASK YOUR CHILD'S GP

Some questions you may want to discuss with your child's GP include:

- When will my child's cough go away?
- What other symptoms should I look for?
- Is there anything I can do to help reduce my child's cough?
- What are the options for managing cough in children?

When investigating the reason for your child's cough, the GP will work with you through the diagnosis process. You may want to discuss with your child's GP:

- What is the treatment and management plan?
- How often will we review the plan?
- What will happen if the prescribed treatment does not work?
- Will my child need to see a specialist?

# What causes chronic cough in children?



## Protracted Bacterial Bronchitis (PBB)

This is when a bacterial infection in the lungs causes cough and excess mucus production. This is the most common cause of chronic **wet** cough in children.

If PBB is suspected, your child will be prescribed antibiotics. The cough should generally improve or resolve after a 2-4 week course of antibiotics.

**If a wet cough has not resolved after four weeks of treatment with antibiotics, a child should be referred to a paediatric respiratory specialist for further investigation.**

## MOST COMMON CAUSES OF CHRONIC DRY COUGH



### Asthma

Cough is rarely the only symptom of asthma in children. The main symptoms of asthma are usually wheezing, shortness of breath or chest tightness. If asthma is suspected, your child may be prescribed a treatment trial of reliever and/or preventer medication.

Your GP will set a review appointment to discuss whether your child's symptoms respond to treatment and if further investigations are required.



### Post-infectious cough

This is caused by a viral respiratory infection and may start with common symptoms of a cold such as a runny, blocked nose and a cough.

Sometimes, even after your child is no longer sick, they may still have a **dry sounding** cough. When a cough is due to a virus, antibiotics are typically not needed and will not help the cough. This cough usually gets better with time, however if it has lasted longer than four weeks, this should be investigated with your child's GP.



### Whooping cough (B. pertussis)

This is a contagious bacterial infection in the lungs. Often accompanied by other cold-like symptoms such as a runny nose, a child may have uncontrollable bouts of coughing that have a 'whoop' sound, sometimes followed by vomiting.

# Referral

Ask your child's GP about a referral to a paediatric respiratory specialist if any of the following apply:

- A chronic **wet** cough has not resolved after four weeks of treatment with antibiotics
- A chronic **dry** cough is still present after two months, despite following treatment strategies
- They have had certain signs or symptoms such as recurrent pneumonia, difficulty feeding or clubbing of the fingers
- They require antibiotics more than three times a year for respiratory illnesses regardless of the type of cough.

# Managing your child's cough

Treatment for your child's chronic cough will be based on the underlying cause, not the symptom (i.e. the cough) itself.

There are actions you can take to help manage your child's cough, such as:



Avoid smoking around children or in places they go, such as cars or buildings. Exposure to tobacco smoke, as well as e-cigarette vapour, is harmful to children.



Reducing their exposure to potential triggers such as dusty environments, extreme temperatures or smoke from fires.



Keeping their vaccinations up to date to help prevent viral or bacterial infections (e.g. whooping cough, flu vaccines or pneumonia).



**Seek advice from a health professional before giving cough medication to children. Cough medication only treats the cough and not the underlying cause. Cough medication should never be given to a child under the age of six.**

## LUNG FOUNDATION AUSTRALIA SERVICES

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Information and Support Team



Lung disease information resources



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E-newsletter

Freecall 1800 654 301  
enquiries@lungfoundation.com.au  
lungfoundation.com.au  
PO Box 1949 Milton, QLD 4064

