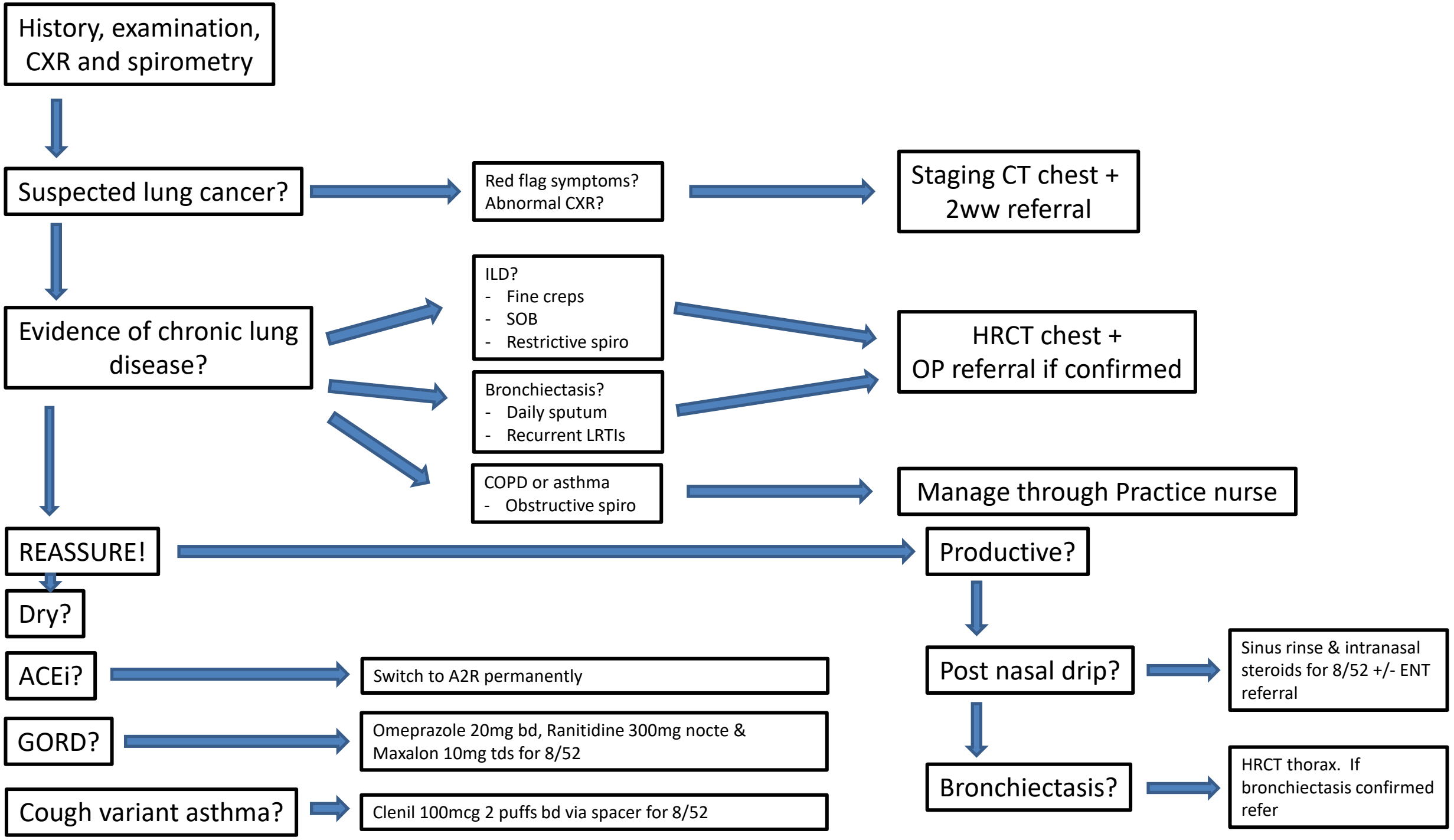
History, examination, CXR and spirometry
Suspected lung cancer?
Red flag symptoms? Abnormal CXR?
Staging CT chest + 2ww referral
Evidence of chronic lung disease?
ILD?
- Fine creps
- SOB
- Restrictive spiro
HRCT chest + OP referral if confirmed
Bronchiectasis?
- Daily sputum
- Recurrent LRTIs
COPD or asthma
- Obstructive spiro
Manage through Practice nurse
REASSURE!
Productive?
Dry?
ACEi?
Switch to A2R permanently
GORD?
Omeprazole 20mg bd, Ranitidine 300mg nocte & Maxalon 10mg tds for 8/52
Cough variant asthma?
Clenil 100mcg 2 puffs bd via spacer for 8/52
Post nasal drip?
Sinus rinse & intranasal steroids for 8/52 +/- ENT referral
Bronchiectasis?
HRCT thorax. If bronchiectasis confirmed refer

Chronic Cough – Benign causes

ACEi

Seen in 20% of patients given ACEi
Onset at any time
Median time to resolution 26 days but can be up to 40 weeks
Can accentuate cough from another cause

GORD

Postural cough
On phonation
Related to food
Associated voice change
Dyspepsia – but not always
PMH Hiatus hernia / ↑ BMI

Cough variant asthma

Nocturnal cough
Diurnal pattern
Other asthma symptoms (wheeze) and risk factors not always present

Post nasal drip

Nocturnal cough
Productive cough
Throat clearing
Nasal congestion
Sensation of nasal secretions at back of throat
PMH Polyps/Sinus disease