

Diagnostic Criteria

A deterioration in ≥ 3 of the following key symptoms for at least 48 hours in someone with bronchiectasis:

- Cough
- Sputum volume and/or consistency
- Sputum purulence
- Fatigue and/or malaise
- Breathlessness and/or exercise tolerance
- Hemoptysis



A clinician determines a change in bronchiectasis treatment is necessary

Management



Antibiotics

- Send sputum cultures
- Guide antibiotic selection based on previous sputum cultures and sensitivities
- Obtain sputum culture results and modify antibiotic choice based on results (as necessary)
- Consider treatment for 10 to 14 days



Airway Clearance

- Patients should work with their provider or physiotherapist to optimize airway clearance
- Patients can additionally refer to online educational videos for instruction and reinforcement of airway clearance technique*



Symptom Management

- Patients should be instructed to contact their provider for help if symptoms worsen at home
- Cough
 - Shortness of breath
 - Wheezing
 - Hemoptysis

Follow-up Care

- Patients should follow-up with their treatment provider regarding management of bronchiectasis and how to prevent future exacerbations
- Refer to respiratory clinic for follow-up, if necessary
- Offer smoking cessation services, if necessary
- Provide sputum culture cups for patients to send sputum samples to their primary care provider if symptoms worsen while at home

To access the Clinical Trials PDF scan here!



*www.bronchiectasis.com.au

Abbrev: NCFBE Non-cystic Fibrosis Bronchiectasis

For the complete guidelines, please refer to: Hill AT, et al. *Eur Respir J*. 2017;49(6):1700051.

For additional information: Macfarlane L, et al. *Clin Med (Lond)*. 2021;21(6):e571-e577; McShane PJ, et al. *Am J Respir Crit Care Med*. 2013;188(6):647-656.