NURSING MANAGEMENT OF COUGH IN PEOPLE WITH COVID-19

Cough during COVID-19

There are no strong data supporting any agent over another – the choice is often trial and error

◊ Treat underlying cause: antivirals, antibiotics, diuretics if fluid overload, PPIs if GERD

Two primary categories of medications:

**Antitussive**
- Dextromethorphan 10 - 20 mg by mouth every 4 hours as needed (technically an opioid but antitussive effect appears to be related to NMDA antagonism)
- Benzonatate 100 - 200 mg by mouth every 8 hours as needed

**Expectorants**
- Guaifenesin (thins mucous – unclear if helpful for dry cough) 200-400 mg by mouth every 4-6 hours as needed

For patients quarantined at home, provide education regarding the contents in many over-the-counter medications and the potential for duplication and even overdose. Medications for a variety of conditions (allergy, arthritis, cold, cough, headache, pain, sinus, sleep) often contain multiple agents, including acetaminophen, dextromethorphan, antihistamines (such as diphenhydramine) and decongestants (pseudoephedrine or phenylephrine).

**PHARMACOLOGIC PALLIATIVE MANAGEMENT: OPIOIDS**

- Most patients with mild to moderate cough will not require an opioid, although those with severe, distressing cough may benefit.
- Does not have to be codeine – all opioids can relieve cough!
- Suggested starting doses:
  - Codeine 15-60 mg PO every 4 hours as needed
  - Hydrocodone 5-10 mg PO every 4 hours prn
  - Morphine 5-10 mg PO every 4 hours prn
  - Oxycodone 2.5-5 mg PO every 4 hours prn
- Monitor for and prevent the usual adverse effects of opioids such as nausea, constipation, sedation and others

**REFERENCES**


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aacnnursing.org/ELNEC/COVID-19

**NONPHARMACOLOGIC MANAGEMENT**

- Drink plenty of fluids, warm drinks may be more soothing for some
- Chicken soup or vegetable broth
- Honey or other sweet syrup
- Cough drops/ hard candies
- Humidifier to loosen mucous
- Positioning – elevate head of bed
- Educate patients to cover their face during cough, throw away used tissues in a lined trash can and wash their hands for 20 seconds.

**PHARMACOLOGIC MANAGEMENT**

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- Codeine is metabolized by CYP 2D6 - some are missing this enzyme and unable to metabolize codeine therefore experiencing no effect, while others are ultra-rapid metabolizers, increasing risk of overdose

- Routes – helpful tips: Liquid formulations of opioids may be helpful; be cautious of the combined effect of other agents in some of these elixirs or solutions, such as acetaminophen, guaifenesin, homatropine or chlorpheniramine, which will limit the maximum available dose.