**Unfortunately, our clinic does not have the capacity to see all referrals for chronic cough. Therefore, we are currently only available to evaluate patients with persistent cough despite empiric treatment of the most common causes of cough.**

Prior to referring your patient, we would recommend that the following steps in evaluation and treatment are completed:

\_\_\_ Evaluation or empiric treatment of upper airway cough syndrome including intranasal steroid and/or oral antihistamine for at least 6 weeks

\_\_\_ Evaluation or empiric treatment of gastroesophageal reflux disease (GERD) including diet/lifestyle changes and a proton pump inhibitor for at least 6 weeks. Specific lifestyle modifications include: elevation of head of bed, avoidance of large volumes of food or drink 2-3 hours before reclining, avoidance of triggering foods (alcohol, chocolate, caffeine, fatty foods, peppermint).

Tipsheet: <https://www.hopkinsmedicine.org/international/_downloads/JHI130231%20Tipsheet%2010%20tips%20to%20prevent%20Reflux%20Disease-5%20JHMI.pdf>

\_\_\_ Empiric treatment of cough-variant asthma with daily use of low to medium-dose inhaled corticosteroid +/- leukotriene receptor antagonist (montelukast or zafirlukast) for at least 6 weeks

\_\_\_ Discontinuation of ACE-inhibitor

\_\_\_ Chest radiograph following cough onset to rule out infection or structural lung disease

\_\_\_ If cough persists despite above measures, we would recommend non-contrast chest CT imaging has been done with results accompanying referral.

If your patient still has persistent cough despite 6 weeks of appropriate therapy as above, you can place a referral. All referrals for cough are reviewed by our clinic medical directors. Any referrals that do not meet these criteria will be returned with this guidance.