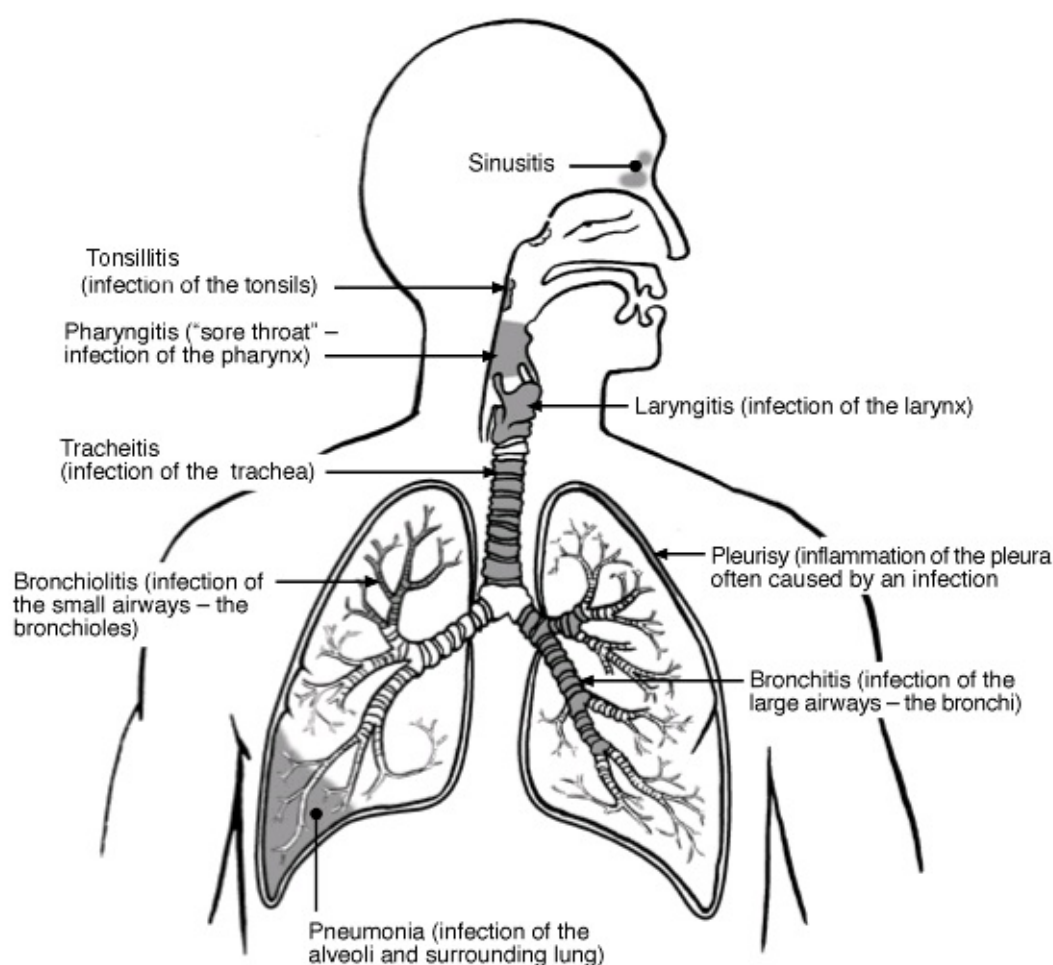


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## Chest Infection

Chest infections are very common, especially in autumn and winter. Chest infections can be serious and need urgent treatment. However, many chest infections in otherwise healthy people do not need antibiotic medicines and get better quite quickly. If you feel very unwell then you should see a doctor urgently to see what treatment you need.

### What is a chest infection and what causes it?



**Infections of the respiratory tract**

There are two main types of chest infection:

#### **Acute bronchitis**

This is an infection of the large airways in the lungs (bronchi). Acute bronchitis is common and is often due to a viral infection. Infection with a germ (bacterium) is a less common cause. [See separate leaflet called Acute Bronchitis for more details.](#)

#### **Pneumonia**

This is a serious infection of the lung. Treatment with medicines called antibiotics is usually needed. [See separate leaflet called Pneumonia for more details.](#)

## How common are chest infections?

Chest infections are very common, especially during the autumn and winter. They often occur after a cold or flu. Anyone can get a chest infection but they are more common in:

- Young children and the elderly.
- People who smoke.
- People with long-term chest problems such as asthma.

## What are the symptoms of a chest infection?

The main symptoms are a chesty cough, breathing difficulties and chest pain. You may also have headaches and have a high temperature (fever). The symptoms of an infection of the large airways (bronchi) in the lungs (acute bronchitis) and a serious lung infection (pneumonia) may be similar; however, pneumonia symptoms are usually more severe.

## When should you see a doctor?

Infection of the large airways (bronchi) in the lungs (acute bronchitis) usually gets better by itself, so there is often no need to see a GP. There are a number of symptoms that mean you should see a GP. They include:

- If a high temperature (fever), wheezing or headaches becomes worse or severe.
- If you develop fast breathing, shortness of breath, or chest pains.
- If you cough up blood or if your phlegm (sputum) becomes dark or rusty-coloured.
- If you become drowsy or confused.
- If a cough lasts for longer than 3-4 weeks.
- If you have repeated (recurring) bouts of acute bronchitis.
- If any other symptom develops that you are concerned about.

## Are any tests needed?

Often no tests are needed if you have infection of the large airways (bronchi) in the lungs (acute bronchitis) and your symptoms are mild. If your symptoms are more severe and you need to go to hospital then you may need to have the following tests:

- A **chest X-ray** may be taken to confirm the diagnosis and the extent of the infection.
- Blood tests and phlegm (sputum) tests may be taken to find which germ (bacterium) is causing the serious lung infection (pneumonia). This helps to decide which antibiotic medicine is best to use. Sometimes the bacterium that is causing the pneumonia is resistant to the first antibiotic. A switch to another antibiotic is sometimes needed.

## What is the treatment for chest infections?

Although most chest infections are mild and get better on their own, some cases can be very serious, even life-threatening. A bout of infection of the large airways (bronchi) in the lungs (acute bronchitis) usually gets better on its own within 7-10 days without any medicines. If you suspect that you have a severe infection of the lung (pneumonia), you should see a GP.

### What should I do to treat myself?

If you have a chest infection, you should:

- Have plenty of rest.
- Drink lots of fluid to prevent your body becoming lacking in fluids (dehydrated) and to help keep the mucus in your lungs thin and easier to cough up.
- Inhale steam vapour, perhaps with added menthol. This can help to clear the mucus from your chest.

- Avoid lying flat at night to help keep your chest clear of mucus and make it easier to breathe.
- Take **paracetamol**, **ibuprofen** or **aspirin** to reduce high temperature (fever) and to ease any aches, pains and headaches. (**Note:** children aged under 16 should not take aspirin.)
- If you smoke, you should try to **stop smoking** for good. Bronchitis, chest infections and serious lung diseases are more common in smokers.
- If your throat is sore from coughing, you can relieve the discomfort with a warm drink of honey and lemon.

### What about cold and cough remedies?

You can buy many other cold and **cough remedies** at pharmacies. There is very little evidence of any benefit from taking cold and cough remedies.

Cold and cough remedies often contain several ingredients. Some may make you drowsy. This may be welcome at bedtime if you have difficulty sleeping with a bronchitis. However, do not drive if you are drowsy. Some contain paracetamol, so be careful not to take more than the maximum safe dose of paracetamol if you are already taking paracetamol tablets.

Over-the-counter (OTC) cough and cold medicines should not be given to children aged under 6. There is no evidence that they work and they can cause side-effects, such as allergic reactions, effects on sleep, or hallucinations. These medicines are available for children aged 6-12 but they are also best avoided in this age group.

**Note:** paracetamol and ibuprofen are not classed as cough and cold medicines and can still be given to children.

### What about antibiotics?

**Antibiotics** are medicines used for infections caused by **germs (bacteria)** and don't work on viruses. As bronchitis is usually caused by a virus, your recovery will rarely be helped by taking antibiotics. Taking antibiotics unnecessarily for bronchitis can cause side-effects and do more harm than good.

Pneumonia, unlike bronchitis, is often caused by a bacterium and may need treatment with antibiotics. If you have mild pneumonia, you can take antibiotics as tablets at home. If the pneumonia is more serious, antibiotics are given through a drip into a vein (intravenously) in hospital.

If the pneumonia is very severe, or caused by aggressive types of bacteria (**such as legionella in Legionnaires' disease**), you may need to be moved to an intensive care unit in the hospital.

### What is the outlook (prognosis)?

Infection of the large airways (bronchi) in the lungs (acute bronchitis) usually clears without any complications. Occasionally, the infection travels to the lung tissue to cause a serious lung infection (pneumonia).

If you have pneumonia and are well enough to be looked after at home, your outlook is very good. If you need to be looked after in hospital, the outlook is still usually good - but not quite as good. The outlook is also not as good for people who also have long-term illnesses such as lung disease, heart failure or diabetes.

### Can I prevent a chest infection?

There are measures you can take to help prevent chest infection and to stop the spread of it to others. You can pass a chest infection on to others through coughing and sneezing. So if you have a chest infection, it's important to cover your mouth when you cough or sneeze and to wash your hands regularly. Throw away used tissues immediately.

Immunisation against the pneumococcus germ (bacterium) - the most common cause of bacterial pneumonia - and the annual flu (influenza) virus immunisation are advised if you are at increased risk of developing these infections. See separate leaflets called **Pneumococcal Immunisation** and **Influenza Immunisation** for more details.

Cigarette smoke damages the lining of the airways and makes the lungs more prone to infection. So stopping smoking will lessen your risk of developing lung infections. See the separate leaflets called [The Benefits of Stopping Smoking](#) and [Tips to Help You Stop Smoking](#).

## Further reading & references

- [Respiratory tract infections \(self-limiting\): prescribing antibiotics](#); NICE Clinical Guideline (July 2008)
- [Guidelines for the management of community acquired pneumonia in adults](#); British Thoracic Society (2009), Thorax Vol 64 Sup III
- [Guidelines for the management of adult lower respiratory tract infections](#); European Respiratory Society and European Society of Clinical Microbiology and Infectious Diseases (September 2011)
- [Over-the-counter cough and cold medicines for children](#); Medicines and Healthcare products Regulatory Agency (MHRA), 2009

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