

SOUTHPOINTE PEDIATRICS 887-3344

A PARENT'S GUIDE TO THE COMMON COLD

What is a cold?

A cold is a viral infection of the nasal passages and throat that causes a runny nose, sneezing, a sore throat, and a cough. Coughing can be useful; it helps to clear out secretions. Many children with colds have a fever (usually less than 102 F or 39 C) and feel achy and tired the first few days. Some children may sound hoarse and have a headache, eye irritation, a little diarrhea, and a poor appetite. Many infants with colds have trouble sleeping and feeding because of stuffy noses.

Colds have a typical pattern. During the first few days of the illness a child may have a runny nose, sore throat, mild fever, and may feel ill. Later on, they usually feel better, and the nasal discharge becomes thicker and yellow or green. The cough often continues for several days, especially at night. The nasal congestion and cough can last up to 14 days.

Over 200 different viruses can cause colds, so it's not surprising that children get colds frequently. In fact, children usually have five to eight colds per year. Some are minor and last only a few days, while others may continue with a stuffy nose and cough for up to two weeks. Children who have frequent colds usually do not have anything basically wrong with them, especially if they are growing well and have not had extremely serious infections. Children and adults catch colds from other people, not from cold air. Colds are often passed from child to child in school or day care.

What about complications?

Most children get over viruses without any problems. The most common complication, which can occur after a few days of a cold, is an ear infection. An older child will often complain of an earache, but a younger child will normally seem to become more fussy 4 to 5 days into the cold. Pulling at the ears does not necessarily mean that a child has an ear infection.

Pneumonia is a rare complication. Children with pneumonia have rapid, labored breathing. Breathing is rapid if the child 4 years of age and older takes more than 40 breaths per minute' if a child less than one takes more than 60 breaths per minute.

While children with colds often have a sore throat, a true "strep throat" is not usually associated with a runny nose or cough. Many parents worry about a sinus infection, but these are also unusual in children less than 4 years of age. Children with sinusitis usually have been sick for at least 10 days. A thick, yellow or green discharge probably does not indicate sinusitis or another bacterial infection.

Is it a cold or an allergy?

Cold, especially when they occur frequently, can be hard to distinguish from allergies or hay fever. Allergies tend to cause a seasonal runny nose (for example, every spring or every fall), lots of sneezing, and watery, itchy eyes. Children with allergies do not have a fever, hoarseness, or aching muscles. Allergies (but not colds) often last more than two weeks. Allergies tend to run in families. Since the treatment for allergies and colds is different, ask your doctor for advice.

When should I call?

Call us immediately, at any time of day, if:

- * Your child has a fever over 106 degrees F.
- * Your infant under 2 months of age has a fever over 100.5 degrees F.
- * Your child is having a great deal of difficulty breathing even after you have cleared the nose.
- * Your child is so irritable that you can't comfort him, or is very lethargic and you can't awaken him.

Call us, and we can make an appointment, if your child has:

- * an earache or a bad headache
- * a green discharge or pus from the eyes
- * a fever lasting more than five days
- * raw or possibly infected skin under or inside the nostrils
- * noticeable wheezing, or a change in his normal breathing pattern.
- * if your child seems to be working hard to breathe

How can Treat my child's cold?

If your child is very tired, has a fever, or feels ill, rest is important. Bed rest, however, is not usually necessary; most children with colds will slow down by themselves until they feel better. Older children who feel well should be allowed to go to school unless a bad cough, a fever, or other symptoms interfere with schoolwork. Younger children in day care should probably stay home during the first two to three days, while they are most ill and contagious. Give lots of fluids to loosen secretions-this will help the cough. Don't be upset if your child doesn't eat many solid foods. Some old-fashioned recipes like soup or lemon tea can help by providing fluids.

A fever from a cold is not harmful to your child if they are over 2 months of age. For children over 2 months, if the fever is over 102 degrees F or the child is uncomfortable, give acetaminophen (Tylenol). Remember to give only the correct dosage for your child's weight, every four hours. If your child is feverish but asleep, don't awaken him. Don't use aspirin for colds in children under 21 years of age, since aspirin used during a viral infection has been associated with a very rare but serious disease called Reye's syndrome.

You can teach your child to blow his nose, and help him do it. For infants, use a humidifier or water vaporizer to loose secretions. Saltwater (saline) nose drops can be purchased without a prescription, or made at home (1/4 teaspoon of salt in 4 to 8 oz. of lukewarm water). Nose drops made with warm water alone also work well. Nose drops help by loosening secretions and causing infants to sneeze. An infant bulb syringe (aspirator) can be used gently to remove mucus; it is often helpful to use it after the nose drops. Since infants with colds often have difficulty eating or sleeping, these techniques are most helpful before feedings and at night. Elevating the head of the bed by placing a pillow under the mattress might help for older children. Do not use a pillow with younger children and infants. Instead for infants and toddlers have them sleep in their car seat or a swing.

Cold Medicines?

While there are hundreds of children's cold medicines sold over the counter, this does not mean that they will get rid of a cold. Rather they will at best reduce some of the symptoms of the cold since a cold is caused by a virus. There is no cure for any of the many the viruses that cause the common cold.

Here are some general suggestions:

- * For children less than 6 years, we do not recommend any cold medicines because they can have side effects.
- * For an older child who is not acting very ill, it is best not to give any medicines; they often are not effective and may cause side effects.

Unfortunately no medication exists to shorten the duration of a cold. If you do choose cold medicines for your child consider the following:

- * Use medicines only during times of greatest need (for example, bedtime, before school).
- * Use only a dosage recommended for the weight or age of your child-more is not better.
- * Stop medicines after one day, if they do not seem to be helping.
- * In any case, don't use medicines for more than three days.

There are four types of medicines sold to treat colds: antihistamines (to dry secretions), decongestants (to decrease the swelling), expectorants (to supposedly "loosen" secretions) and cough suppressants. Unfortunately, they usually come in combinations, but try to avoid the combination medications. Here is what we know about these medicines:

* Antihistamines do not help the common cold. They do help children with allergies. They often make children sleepy. Examples are chlorpheniramine, brompheniramine, and loratidine.

* Decongestants might help a little. They come in nose drops/sprays or by liquid or tablet to be taken orally. Nose drops/sprays have fewer systemic side effects but should never be used for more than three days. If you are going to try an oral decongestant, choose one (such as Sudafed) that is not mixed with an antihistamine. Decongestants may make children excited and "hyper."

* Expectorants, like guaifenesin, do not help. Don't use them.

* Cough suppressants are usually not needed since a cough is a useful way for the body to get rid of secretions.

Dextromethorphan (DM) is the over the counter cough suppressant typically in medications.

Some medicines that do not help treat or prevent the common cold include antibiotics, vitamin C, multivitamins, and chest rubs or patches.