

Upper Respiratory Tract Infection

Also Known As The Common Cold

Your Child has been diagnosed with an upper respiratory tract infection, more commonly known as “a cold”. A cold is a viral infection of any or all of the nose, eyes, ear canals, mouth, throat, voice box or upper windpipe. Preschool age children can expect to have 7 to 10 colds per year. This number may be even higher in daycare settings or when exposed to a large number of children or siblings. An upper respiratory infection is usually going to last 10 to 14 days.

Children with colds tend to have runny or stuffy noses. The mucus color of a runny nose varies with each child from clear to white to yellow to green. This progression of color change does not necessarily mean that a bacterium is causing your child’s runny nose. The nose symptoms are usually associated with postnasal drip, which causes two of the additional symptoms of a cold, sore throat and cough.

A cough is also a normal part of a cold and often lasts beyond the cold itself. If a cough worsens over the first 4-6 days of a cold then slowly tapers off, it may take as long as 4-6 weeks before it is completely gone. This is a normal cough pattern. Most pediatric care providers want to see your child back if the cough has lasted 4 weeks. If a cough worsens after the first week or is associated with any breathing difficulty, your child should be seen right away.

Because colds are common, health care professionals want parents to be comfortable with home management. We also want parents to know when we do want to see your child for a cold.

- 1) Fever (any temp over 100.4) for 5 straight days
- 2) Temp over 104 that bounces right back after trying Motrin (Ibuprofen) or Tylenol (acetaminophen) once
- 3) Poor fluid intake and a drop off in urine output
- 4) Lethargy, especially when he or she has no fever
- 5) Any neck pain or stiffness
- 6) Any specific site of pain associated with the fever such as severe ear ache or joint pain
- 7) Cough worsening to the point of respiratory distress, still worsening after a week or lasting for 4 weeks.
- 8) Fast breathing while at rest; infants greater than 60 breaths per minute, preschool and older \geq 40 breaths per minute.

Many parents worry that a cold will lead to pneumonia or an ear infection and want their child seen for the cold “just in case” these are present. If the above 7 criteria have not happened, then a serious complication of a cold is unlikely.

Treatment

For children under one year of age, over the counter cold remedies are not proven to be safe. There is little to no benefit from decongestant medication in infants. In fact infants should not receive these medications because of the risk of causing the heart to race or have an abnormal beating pattern. Use a bulb suction device in each nostril along with a several drops of salt water (1/4 teaspoon of salt per 8 oz of water and is good for 8 hours) to clear nasal congestion. This may be needed frequently when a cold is at its worst.

For children between one and two years of age, 1.5 cc of Sudafed, Actifed or similar cold medication may be given with a health care professional’s advice. Children over two can use cold and cough remedies according to the manufacturers’ recommendations.

For comfort most children benefit from having the head of their bed elevated and a humidifier. You may, also use Johnson’s Vapor Bath in the tub for congested children 3 months and older.

It is important that a child’s hydration is maintained while he or she is ill. When a child does not feel like drinking, it becomes his or her parent or babysitter’s job to make the child drink. Usually small frequent sips or even spoonfuls are all that are required to avoid dehydration.