

## THE COMMON COLD

From infancy to adulthood, all children suffer from occasional colds. Preschool age children commonly experience 6-10 colds a year, with each illness lasting 10 to 14 days. Over time, children gain some immunity to cold viruses, resulting in fewer and less severe episodes.

### CAUSES

There are thousands of different virus types that cause colds. Colds are more common in the winter. They are transferred from person to person by coughing, sneezing and direct hand to hand contact. People are most contagious during the first 2-3 days of their illness, especially if there is fever.

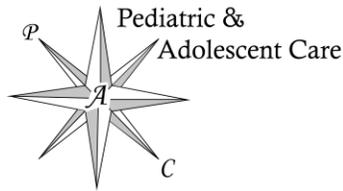
### EXPECTED COURSE

A cold usually begins with **nasal stuffiness** and a watery **runny nose**. It may be accompanied by **sneezing** and **watering eyes**. Some **coughing**, especially at night, is common. It helps clear the throat and bronchial tubes of secretions. **Fever** is common, especially in the first few days of the illness. Some children will have no fever at all, others can have fevers of 102 – 104 °F. Fever is often higher at night than during the daytime. Fevers can be brief, but often last from 3 to 5 days. Colds are often accompanied by **sore throat**, **headache**, **tiredness**, and **muscle aches**. By the third or fourth day of the cold, the nasal discharge usually becomes thicker and it may develop a **yellow or green discoloration**. Most symptoms are gone in 7 to 10 days, but some may last 2 to 3 weeks.

### TREATMENT

1. Make sure your child gets plenty of rest.
2. Encourage extra fluids. Don't worry about poor appetite.
3. Use a suction bulb to clear the nose of infants and children too young to blow his or her nose.
4. Saline drops may be used to soften nasal mucus. Drops may be purchased over the counter or home made by adding ½ teaspoon of salt to 1 cup (8 oz, 240 ml). One to three drops in each nostril can be administered up to four times daily.
5. Protect skin around the nose with petroleum jelly.
6. Treat fevers, aches and pains with acetaminophen in children over two months or ibuprofen in children over six months.
7. Sore throats may be alleviated with cough drops or hard candy for children over four years.
8. Keep the room moist or humid when the air is dry. We recommend cool mist vaporizers or humidifiers. This helps keep the mucus thinner and easier to clear.
9. Do **not** start giving part of an old antibiotic prescription. It won't help due to the viral nature of colds and can make it more difficult to evaluate if complications should arise.
10. Do not overdress or overheat your child. A humidified room at 70 to 74 degrees is plenty warm.





### **Medications:**

**We do not recommend giving cough and cold medications to children under six years of age.** Cold medications for children under two years have been taken off the market by the Food and Drug Administration due to lacking benefit and excessive side effect risk.

Older children and adolescents may use cold medications, although evidence for their benefit is weak. Keep in mind that the primary purpose of giving medication to a child with a cold is to improve their comfort until the cold has run its course. **Cold medicines will not shorten illness or prevent complications.**

If you are going to give a cold medicine, we recommend using one that contains only one or two ingredients targeted at the most bothersome symptom(s). There is no advantage to the all-in-one cough, stuffy nose, runny nose, sinus, fever, achy, headache, sore throat, so-my-child-and-I-can-sleep medicines. More ingredients result in more unwanted side effects, such as agitation or drowsiness. Decide exactly which symptoms you need to treat.

### **Stuffy Nose**

There are two things that clog up noses: mucus and swelling. The best way to clear excess mucus from the nose is by the use of saline nose drops, nasal spray, or nasal irrigation.

Oral decongestants may help if the nasal passages are swollen. All over the counter decongestant brands for children contain the same active ingredient, phenylephrine. Side effects from decongestants include agitation or restlessness.

Immediate acting phenylephrine can be given up to every 4 - 6 hours if needed, with no more than 4 doses in 24 hrs. Follow all package directions.

### **Runny Nose**

Antihistamines help to dry up nasal secretions, but are much more effective in treating nasal allergies than colds. Also, antihistamines have a sedative (sleepy) effect. This can be either beneficial or detrimental, depending on the time of day. Conversely, some children will become more excitable after receiving antihistamines.

Consider whether an antihistamine is truly needed for your ill child. A runny nose can cause sore throat or cough, especially at night. However, just because a nose is runny does not mean it needs to be stopped. In fact, it is better for the nose and sinuses to drain than to be clogged up with sticky, dry secretions.

### **Cough**

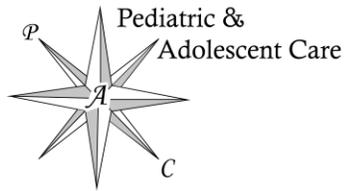
Cough is one of the more annoying cold symptoms, particularly when it interferes with sleep. Remember that the cough has an important purpose – to clear secretions from the airway. Accordingly, we often recommend not treating a cough unless it disrupts sleep. A cough will often get better when the cause (usually drainage) resolves. ½ to 1 tsp of honey can ease the tickling cough in children 12 months and older. Sucking on cough drops or hard candy can help the child over 4 years old.

There is only one over-the-counter cough suppressant available, dextromethorphan. It is found in numerous combination cough & cold preparations. Recent studies have shown dextromethorphan to be less effective than honey and no better than placebo.

A second type of cough medication, expectorants, are marketed on the premise that a tight or dry cough needs to be “loosened” before it can get better. This is more marketing than it is medical science and we do not recommend expectorants for the treatment of cough.

### **Fever**

Fever is a common symptom of colds, and does not necessarily indicate pneumonia, ear or sinus infection. A low grade fever (< 101 °F) usually doesn't need treating. Children often run more fever late in the day and at night. Higher fevers (>101 °F) may make the child uncomfortable and you may want to give a fever reducer to help the child rest. See preceding chapter for details on fever reducing medications.



### **Complications To Watch For**

Ear infections are often preceded by a cold. Some of the viruses that cause colds can also cause bronchiolitis and viral pneumonia. Sinus infections can develop if there is prolonged nasal stuffiness. Since a cold can last up to two weeks, we don't get concerned about a sinus infection until nasal stuffiness and drainage have lasted at least that long. Bacterial pneumonia is a potential, yet uncommon, complication of colds.

Call right away if your child has difficulty breathing that is not due simply to blocked nasal passages.

Call during office hours if your child experiences:

- fever that lasts more than 5 days
- ear or chest pain
- yellow drainage from the eyes or ears

### **Prevention**

Colds begin with contact with someone else who has the virus. This can be by hand to hand contact or through the air from coughing or sneezing.

- Frequent hand washing is very helpful in preventing transmission.
- Try to avoid undue exposure, especially with young babies, to other children or adults with colds, day care nurseries, and church nurseries.
- Avoid exposure to cigarette smoke. This impairs the immune system, as well as causing respiratory tract inflammation.
- Staying healthy by getting a good balanced diet assures that our immune system can function properly. Vitamin C, zinc and echinacea have not been proven helpful in preventing colds.