Colds & Fevers

McKenzie Pediatrics 2007

What Are Upper Respiratory Infections?

URIs, also known as Colds, are infections that may involve the nasal passages, sinuses, throat, voice box, and/or trachea. They are almost always caused by a virus. In fact, there are more than 200 known cold viruses, most of which can infect us repeatedly. Most young children get 6 to 8 colds each year!

Few URIs, such as "strep throat" and sinus infections, are caused by bacteria. This is why antibiotics, which only fight bacteria, are seldom used in treating colds. URIs are *not* caused by going hatless on a windy day, sleeping near an open window, or getting your feet wet. The viruses are spread person-to-person, and generally occur more in winter and early spring since we spend more time huddled indoors.

What Are The Signs Of A URI?

URIs cause many symptoms in combination. The combination of symptoms experienced by one person may be very different from those experienced by another. We are all different in how strong our immune systems are.

Common symptoms include: runny nose, congestion, sore throat, cough, fatigue, muscle aches, loss of appetite, swollen glands, and headaches. Fevers are also a normal and expected part of the way your child's body fights a cold, especially in the first 72 hours.

A sore throat is common with a URI – most sore throats are *not* caused by strep. However, a sore throat *without* congestion and runny nose, especially if the glands in the neck are swollen and tender, could be strep, and an office visit is necessary.

When Should I Be Concerned About Fever?

Fevers are your body's way of fighting off an illness; most viruses don't spread nearly as well within your body at temperatures above 100.0 Farenheit. Studies have repeatedly proven that the more often parents give their child a fever-reducer, the longer the illness will last. But there are still a few reasons to be concerned about a fever – call the office if:

- Any child under 2 months of age has a rectal temperature greater than 100.4 F
- A child's fever has gone on longer than 72 hours
- A child has a fever above 104.5 F
- A child's fever returns after having been gone more than 24-48 hours

Do not use fever reducers unless your child is *listless, lethargic, and/or refusing fluids.* An active child who has a fever does not need medication. In other words, look at the child, not at the number!

When Should I Be Concerned About My Child's URI?

The *average* length of a cold is 10 days, though colds can be as brief as three days or last as long as three weeks. An office visit is necessary if:

- The cold has lasted more than 2 weeks and seems to be getting worse, with more cough
- The child has a stiff neck, or swollen neck glands that are tender to the touch
- The child has a sudden onset of an earache. If the child is *older* than 2 years, most earaches go away without treatment within 48 hours – call for an office visit if longer.
- The child is lethargic but there is no fever
- The child has fewer than 3 urine outputs in a 24-hour period

Green nasal discharge is not a reason for an office visit, nor a reason for exclusion from daycare or school! Most children with viral URIs will go through a phase when their nasal discharge is discolored, either yellow or green.

How Can I Help My Child Feel Better?

- Be patient. Give lots of love. Keep them busy and distracted. Get out of the house.
- Fluids, fluids, fluids. Strive for urine output at least every 2-3 hours. For infants, it can be tricky to breathe and drink at the same time, so offer smaller amounts of breast milk, formula, or water more frequently.
- Expect a reduction in appetite. For kids older than one year, focus on giving them citrus, citrus juices, chicken broth, oatmeal, yogurt, and lots of fresh fruits & vegetables.
- Run a cool-mist vaporizer whenever your child is sleeping. Allow for extra sleep.
- Take showers instead of baths, to help improve drainage and breathing through the nose
- Elevate the baby's head by placing a pillow beneath one end of the mattress. Or consider bringing the car seat in the house and having them take their naps in it.
- Keep the house temperature cool. Warm air is drier, and makes congestion thicker.
- Nasal saline drops are useful for infants, and are available as fine-mist sprays at most grocers. Give one spray in each nostril before feeds and before naps and bedtime. Expect to cause sneezing. Only use the bulb suction if you *see* a plug of mucous.

Cough & Cold Medicines:

In 2007, major manufacturers of cough and cold medicines for children ages 2 and younger voluntarily pulled their products off store shelves. And the FDA, as of October 2007, is weighing an outright ban on cold remedies for kids ages 6 and younger after studies around the world have consistently shown that they don't work and could be harmful.

Many doctors, including our physicians, have never recommended cough and cold medicines for kids of any ages because of potential side effects and unproven benefits. But especially for children under 6 years, cold remedies, especially cough medicines, can cause more harm than good.

How Can I Reduce The Number of URIs My Child Gets?

If you smoke, QUIT. At least create a smoke-free zone around your child by not smoking in the house or car. Children around cigarette smoke get twice as many URIs, and more ear infections and sinus infections, too!

Good hand washing is key in reducing the spread of infection. But any child who spends a lot of time in daycare, preschool, church playgroup, or school is destined to get more colds. Most children have good immune systems; URIs are simply an unavoidable part of growing up