

## 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. Many children with colds have a fever and feel achy and tired the first few days. Some children may sound a little hoarse and have a headache, eye irritation, 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, children have a runny nose, sore throat, mild fever, and may feel ill. After a few days, the nasal discharge becomes thicker and yellow or green and may continue this way for 2 weeks. This does not mean that there is a bacterial or sinus infection. The cough often continues for 2 weeks, especially at night.

Over 200 different viruses can cause colds, so it's not surprising that children get colds frequently and that not all colds are alike. In fact, children usually have six to nine 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 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 viral infections without any problems. The most common complication, which can occur after a few days of a cold, is an ear infection. The child will often complain of an earache and becomes crankier. Fever may return.

Pneumonia is a rare complication. Children with pneumonia have rapid, labored breathing. Breathing is rapid if the child takes more than forty breaths per minute; in labored breathing, you can see the chest moving in and out. A child with pneumonia usually develops a fever over 102°F (39°C).

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 sinus infections, but these are unusual. Children with sinusitis usually have been ill for more than two weeks and often will have a worsening cough. A thick, yellow or green nasal discharge usually does *not* indicate sinusitis or another bacterial infection, but is typically seen after several days of a viral infection.

### *How can I treat my child's cold?*

If your child is tired, has a fever, or feels ill, rest is important. 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 chicken soup or tea with lemon and honey can help by providing steam to the nasal passages and fluids to the body.

A fever is not harmful to your child. For children over two months, if the fever is over 102°F (39°C) or the child is uncomfortable, give acetaminophen every four to six hours or ibuprofen every six to eight hours. Remember to give the correct dosage for your child's weight or age. If your child is feverish but asleep, don't awaken him.

You can help teach your child how to blow his nose, and help him to do it. For infants, use a humidifier or water vaporizer to loosen secretions. Saltwater (saline) nose drops can be purchased without a prescription or

made at home (1/4 teaspoon of salt in 8 ounces of lukewarm water). Nose drops help by loosening secretions and causing infants to sneeze. An infant bulb syringe (aspirator) can be used 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. Breathing moist air from a vaporizer or humidifier or inside a steamy shower or bathroom can also loosen the mucous in your child's nose, throat, and chest.

### *Cold medicines*

While there are hundreds of children's cold medicines sold over the counter, this does *not* mean that they will help get rid of a cold. There is an old saying that if you do nothing, a cold will last seven days, and if you take cold medicines it will last a week. Here are some general suggestions:

- For infants less than six months, we do not generally recommend any cold medicines because the side effects may be worse than the cold.
- For an older child who is not acting very ill, it is best not to give any medications; they often are not effective and may cause side effects.

There are no medicines to shorten the duration of a cold. If you do choose cold medicines for your child in an attempt to make him more comfortable:

- Use medications 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 don't help.
- Stop medicines once your child feels better.

There are four types of cold medicines – antihistamines (advertised to dry secretions), decongestants (to decrease the swelling), expectorants (to “loosen” secretions) and cough suppressants. Unfortunately, they usually come in combinations. Here is what we know about these medicines.

- Antihistamines do *not* help the common cold. They do help a runny nose caused by allergies. They often make children sleepy, which is an occasionally useful effect when given at bedtime only. Unfortunately, some children have an opposite reaction to antihistamines and become "wired" and "hyper".
- Decongestants might help a little. They come in nose drops or liquid or tablet. Nose drops have fewer side effects and work better, 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 do *not* help. Do not 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) comes in several medicines and sometimes will help suppress a long-lasting, dry, hacky cough, especially if it interferes with sleep.

Some medicines that do *not* treat or prevent the common cold include antibiotics, vitamin C, multivitamins, and chest rubs. The U.S. Centers for Disease Control and Prevention, The American Academy of Pediatrics, The California Medical Association, and Kaiser-Permanente agree: Antibiotics won't help a cold, because they only kill bacteria - not the viruses that cause colds. Taking antibiotics when you don't need them can hurt you by increasing the chances of getting infections later like ear or sinus infections caused by bacteria resistant to antibiotics. They can also cause side effects like stomachache, diarrhea, yeast infections, rashes, and allergic reactions.