

Dr Glasser's URI Handout

Most all upper respiratory infections (URIs or colds) are caused by viruses. Viruses are very contagious and are easily spread in daycares, schools, workplaces, public places, and at home. Our immune systems have to fight and kill the virus once we are infected. Antibiotics do not kill viruses!!! They only kill bacteria, and giving a person who has a virus infection an antibiotic will not only NOT kill the virus they have but may kill the bacteria that have been living peacefully within our bodies which can lead to other problems. Part of the way the immune system kills the virus is by making a fever. Once the virus is killed, the fever will disappear and this generally occurs within 24-96 hours from the start of the fever. A person is contagious with their virus until 24 hours after the fever breaks or if there has been no fever within 72 hrs after the start of the illness.

Initially during a cold, the nasal mucus is clear, watery and runny and there is a lot of sneezing. This is when the person is most contagious with tons of live virus in the nasal mucus. Covering mouths when coughing and sneezing is very important and handwashing after touching nasal mucus and promptly throwing away tissues is VITAL to reduce the spread of infection.

After the virus has been killed, the nasal mucus becomes thickened and often colored yellow to green with dead virus and immune system cells that killed the virus. At this point there is more nasal plugging and post nasal drip which can lead to coughing and discomfort and difficulty with breathing through the nose. This can lead to poor feeding in smaller babies especially. The colored thick nasal discharge does not necessarily mean there is a bacterial infection however!

If the nasal drainage is persistent for beyond 10-14 days, is thick (color doesn't really matter) and is associated with a day and nighttime cough, there may be a bacterial complication like an ear infection or sinus infection and the child should be seen.

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Symptomatic treatment can include:

- fever reducers like tylenol or motrin, blowing the nose for older kids and for the younger ones, suctioning the nose after first putting a few drops of saline (Little Noses, Ocean, Ayr) in one nostril, covering the other nostril and suctioning the nostril clear and repeating on the other side.
- Using a cool mist humidifier to thin secretions
- For babies under 6 months, having them sleep more elevated in their carseat or swing helps reduce postnasal drip and cough.
- Propping older children with an extra pillow achieves the same effect.
- For kids over 2 years decongestants and cough meds from over the counter may be tried but may not always work.
- For kids under 2 years these medicines **should be avoided** since they are potentially unsafe and have never been shown to work.

Any fevers lasting more than 96 hrs or 4 days in a row need to be evaluated in the office by appointment.

Any cold symptoms persisting longer than 14 days need to be evaluated in the office by appointment.

Any fevers that come back while the cold symptoms persist or fevers that start in the middle of a cold for the first time need to be evaluated in the office by appointment.

Any consistent complaint of ear pain in the presence of cold symptoms needs in office evaluation by appointment.

If symptoms seem to be worsening or you are concerned about how your child is doing call **248-7337** for an appointment.

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