

Common Illnesses

Common Cold

The common cold (or upper respiratory infection or URI) is a viral infection involving the upper air passages, usually the nose and throat. A runny or stuffy nose, sneezing, and low grade fever are the usual symptoms, but a cough, sore throat, red and watery eyes, and a decreased appetite may also be present. All children catch colds, and those under 2 commonly have six to eight each year. Colds usually last 1 to 2 weeks, which results in many days of illness for most normal children.

The cold is caused by a virus. There are no medications, including any antibiotic, that can kill a cold virus or shorten the length of an URI illness. The goal is to make your child comfortable, and observe for complications such as ear infections or pneumonia and other lung infections.

Treatment

1. Give plenty of fluids. Your child may not eat; fluids are more important.
2. If your child has a fever, you may give him acetaminophen (Tylenol). Refer to "Fever,/Treatment" in this booklet for dosages. Tylenol, Tempra, and Panadol are brand names of acetaminophen. Generic acetaminophen is acceptable.
3. A cool-mist vaporizer may help him breathe more easily by humidifying the air. A cool-mist vaporizer is just as effective as a "steamer" and does not run the risk of burns to your child either from the steam itself or by the water spilling. Also, raise the head of the bed (a pillow under the mattress works well) to promote drainage of the secretions and therefore, keep the child more comfortable.
4. A child will limit his own activity - you do not need to force him to stay in bed.
5. If he is an infant, suctioning his nose periodically will help. When our nose is stuffed up, we can blow our nose, but infants cannot. A bulb syringe is used to suction the nose and is available at drugstores if you did not receive one from the hospital when your baby was born. If the mucous doesn't come out easily, then you may thin the mucous with the use of salt water or saline drops (Ocean Mist) or make your own ($\frac{1}{2}$ teaspoon of table salt to 1 cup warm water. Keep in a clean, covered jar, and make fresh drops every day). Put 2 to 3 drops of saline into each

side of the nose while your baby is on his back. After a few minutes, proceed with suctioning. Remember to wash out the bulb syringe with hot soapy water and rinse well after using.

6. Over-the-counter cold medicines do not cure a cold, but may be used for older children and teenagers. These medications may reduce some symptoms, such as congestion or cough, however studies have not proven any benefit for children under the age of 6 years. We strongly recommend that these medications not be given to children under 4 years of age because of side effects such as irritability and poor sleep. (In October of 2007 all infant cold medicines sold in the United States were voluntarily recalled and are no longer manufactured. In October of 2008 this recall was expanded to include all cold medicines for those under 4 years of age.)

Call the Office if:

1. Your child develops a fever of 102 degrees or more, or
2. Other symptoms appear such as ear pain, sore throat, pulling at the ears, difficulty in breathing, fast breathing, excessive crying or irritability, decreased alertness, or poor feeding.

Cough

Many coughs are due to drainage or irritation from a cold. It may be a dry, hacky cough that can last 2 to 3 weeks, or a loose productive cough. The purpose of the cough is to clear the lungs and prevent pneumonia, and therefore should not be suppressed unless your child is uncomfortable or unable to sleep.

Treatment

1. Encourage fluids which will loosen the mucous and therefore make it easier to cough up.
2. A vaporizer will moisten the air and soothe the cough.
3. Elevate the head of the bed so that the nasal secretions drain without always triggering a cough.
4. Since the purpose of the cough is to bring up mucous that is present, we normally do not routinely recommend a cough suppressant. If your child is uncomfortable, or the cough is keeping him, awake, there are several over-the-counter medications you can try that contain dextromethorphan.

Call the Office if:

1. There is difficulty breathing or chest pain associated with the cough.
2. There is fever which lasts more than 2 days.
3. Your child is less than 3 months of age.
4. The cough frequently awakens your child (not just you) from sleep.

5. Your child is becoming less alert and/or less responsive, or
6. Your child or infant is breathing fast or hard. Look for this by taking off his shirt to observe the ribs and chest.

Croup

Croup is a viral infection in the windpipe. It usually starts with a mild sore throat that progresses to a tight, “barky” (sounds like a seal) cough. It often is worst at night or early morning, and the child often has a “raspy” sound when he breathes in. It usually worsens for 2 to 3 days, and then resolves with typical cold symptoms.

Treatment

1. Encourage clear liquids as much as possible.
2. Run a cool mist vaporizer in your child’s room.
3. If your child is working hard at breathing, go into the bathroom and run the hot water in the shower to create a steamy room. This thins the mucus lining the airway. Another effective measure is to dress him warmly and go out into the cool, night air. This helps decrease swelling in the airway lining. Relax your child by rocking, reading, singing, etc. Crying only worsens the "symptoms". If there is no improvement in 10 to 20 minutes, call the office or pediatrician on call. Your child may need special breathing treatments, steroid medications, and/or oxygen.

Call the Office or Urgent Care Immediately if:

1. Your child is becoming less alert or responsive,
2. Your child can’t lie down because his breathing becomes increasingly difficult,
3. Your child becomes very agitated or panicky, struggling to breathe.
4. Your child’s lips become blue, or
5. The raspy breathing noise doesn’t clear after 10 to 20 minutes of a “steam” treatment or cold air.

Diarrhea

Children with diarrhea will have frequent loose or watery stools. Diarrhea is most often caused by a virus. Children may not show any other symptoms, but there may be vomiting, fever, or fussiness.

Treatment

The purpose of the following recommendations is to replace the fluids lost from the multiple, watery stools. Choosing liquids and food carefully for a few days will help decrease the diarrhea and prevent dehydration. We no longer recommend children's kapectate.

General Rules

1. Do not give any diarrhea medications unless instructed to do so.
2. If your infant is breast-fed, continue to nurse.
3. If there is no vomiting and only mild diarrhea, you may continue to give his regular diet with additional fluids. For moderate or severe diarrhea, we recommend limiting milk products and limiting juice.
4. Monitor your child's urine output closely.

Infants (Under 1 year)

Give Pedialyte® or a similar electrolyte solution for several feedings especially if any vomiting accompanies the diarrhea. These products are available at the grocery store or pharmacy near the infant formulas. Isomil® DF (DF stands for diarrhea formula) is helpful in infants with moderate or severe diarrhea. If the diarrhea is severe or prolonged (lasting longer than seven days), call our office for an appointment. Your infant will need weighed and examined.

Toddler and Older Children

An electrolyte solution is still recommended for this age group up to age 2. If it is not available or your child refuses to drink it, then ½ strength Gatorade may be used. (NOTE: Juices or anything sweet will often make diarrhea worse!) Foods such as rice, chicken rice soup, crackers, Rice Krispies, and yogurt, are especially helpful as part of a “diarrhea recovery diet.” Limit non-yogurt dairy and fruit juices until stools are back to normal.

Call the Office for an appointment if:

1. Your child is less than 3 months.
2. Your child is less alert or less responsive than normal.
3. Your child seems dehydrated He is not urinating as much as usual (Normally an infant will urinate 6 or more times in 24 hours and children will urinate four or more times in 24 hours.)
4. . . . his lips and/or mouth are dry
5. The stools contain any blood.
6. There is frequent vomiting along with diarrhea.
7. Your child has a fever which lasts for more than 2 days.
8. The stools are not normal after 7-10 days.
9. You have recently traveled to areas with uncertain water and sanitary standards.

Earache

There are different causes for earaches, but the most common, especially in young children and infants, is a middle ear infection. Most often, the child has a cold for a few days, and then develops ear pain (babies may tug at their ears, become fussy, and may refuse to suck). If the earache occurs at night, give your child acetaminophen (Tylenol) or Ibuprofen to decrease the pain and/or numbing ear drops. The proper dosages for Tylenol and Ibuprofen can be found at the back of this booklet.

Children can also develop “swimmer's ear” which is an outer ear infection. An appointment is necessary to visualize the ear drum and ear canal to prescribe correct treatment.

If your child does indeed have an ear infection, he will be put on antibiotics. It is very important to complete the entire course of medication as directed and to have the child's ears re-checked as instructed by your pediatrician to assure that the infection is cleared

Fever

Fever is a natural and healthy response to infection, either viral or bacterial. Fever helps the baby's immune system fight an infection. It is part of the body's defense against infection. Most viral infections have no specific treatment and do not respond to antibiotics. Many bacterial infections need an antibiotic to resolve.

It is important to keep several things in mind when thinking about fever:

1. High fever **does not** cause damage to the brain except in extremely rare cases when the temperature reaches 107 degrees.
2. The height of the fever is not always an indication of the severity of the illness. Children tend to respond to many infections with higher temperatures than adults.
3. The temperature will normally fluctuate during the course of the illness, and tends to be highest in late afternoon or night. Fluctuation does not mean your child is getting better or worse.
4. Teething is not a cause of fever.
5. *A child's symptoms are much more important than the height of the fever.* The context of a fever-associated symptoms—helps determine how serious the illness is.
6. Though uncommon, it is possible for your child, when sick with a fever, to experience a brief febrile convulsion or seizure. It is caused by the brain reacting to a sudden rise in temperature. If your child does have one, it is frightening to witness, but rarely harmful. Remain calm and protect the child from injury — protect him from falling or place him on the floor, for instance. If your child

experiences a seizure, call our office right away. If the seizure does not stop in 5 minutes, **call 911**.

7. We do not recommend ear thermometers. In our experience they tend to overestimate fevers. A quality digital thermometer for under the arm or in the mouth is recommended.

8. Normal body temperature is 98.6 by mouth, 99.6 rectum and 97.6 under the arm.

Treatment of Fever

The main goal of treatment is to make your child more comfortable. Remember, most fevers will not harm your child. In fact, it helps fight the infection.

1. *Use of fever reducing medications:* **Acetaminophen** (one brand name is Tylenol) and Ibuprofen (2 brand names are Advil and Motrin) can be used to help reduce fever. Do not use aspirin. Aspirin has been associated with a life-threatening illness called *Reyes' Syndrome* in children with chicken pox and the flu.

- Both acetaminophen and ibuprofen come in drops for infants, liquid (syrup or elixir) for toddlers, and chewable tablets for older children. Acetaminophen also comes in rectal suppositories (Feverall) if your child is vomiting and can't keep down medicine taken by mouth.
- Keep in mind that infant drops are *stronger* than syrup for toddlers. For example, there is significantly more medicine in 1 tsp (5 mL) of infant drops than in 1 tsp (5 mL) of syrup for toddlers. Never give the same amount of infant drops as you would syrup. For this reason, several manufactures announced in 2011 that they will no longer produce infant strength fever reducers. Always look carefully at the label on the drug and follow the directions. Each type of drug has different directions based upon the weight of a child.
- Acetaminophen (*Tylenol*) doses can be given every 4 to 6 hours, and should not exceed 5 doses in 24 hours. The correct dose for your child should always be based on his/her weight.

Rash

There are many different rashes with many different causes. If you are uncertain of the cause or if there are other symptoms associated with the rash, call our office for an appointment. It is difficult to diagnose rashes over the phone. If the rash itches, you may try Benadryl (diphenhydramine) to decrease the itching sensation.

Sore Throat

Many sore throats are caused by a virus, and as with any virus, there is no medicine or antibiotic which can cure the infection. Viral sore throats usually last 3 to 4 days and are associated with cold symptoms.

Strep throat is caused by a bacteria and therefore is treated with an antibiotic. If your child's sore throat is not improving in 2 to 3 days, or he has a high fever, or he has been exposed to someone who has strep throat, call our office for an appointment.

If your child does indeed have strep throat, he will be put on an antibiotic. It is very important that you complete the whole course of antibiotic as directed in order to prevent a more serious complicating condition known as rheumatic fever.

Vomiting

Vomiting and diarrhea illnesses are most often caused by a stomach/intestine virus and are mild and self-limited. However, if the vomiting or diarrhea are moderate or severe, and your child is not able to take enough liquids, a child may lose too much body water and become dehydrated. In dehydration, the eyes look sunken, the skin loses its tone, the tongue is dry and urination or wetting is decreased. This situation might require hospitalization so that fluids can be given by vein. Special watching and care should be given to small babies with vomiting and diarrhea because they can become dehydrated much faster than older children.

Treatment

1. When vomiting occurs, you may offer your child small amounts (1/2 ounce) of a clear liquid (Pedialyte®, for infants, and Kaolectrolyte, half-strength Gatorade, or water for children) every few minutes. Offering large amounts all at once often distends the stomach and may result in further vomiting.
2. Gradually increase the amounts of clear liquid offered until your child is drinking as much as he wants.
3. If vomiting does reoccur go back to Step 1.
4. When the vomiting stops and as your child desires, you may progress to his regular diet. Refer to the “Diarrhea/Treatment” section in this booklet for suggested foods.
5. Keep track of how often your infant or child urinates. This is one of the most accurate means of determining if your child is dehydrated. The most accurate way

to determine dehydration is to compare current weight to an accurate previous weight.

6. Do not give your child medications for vomiting unless directed to do so by your pediatrician after evaluation.

Call the Office if:

1. Your child is becoming less alert or less responsive.
2. He does not stop vomiting or refuses liquids.
3. There is blood or dark green material in the vomitus.
4. He is showing signs of dehydration such as less urination.
5. He has severe stomach pains or excessive crying along with the vomiting.
6. There is fever which does not go away in 2 to 3 days.
7. There are urinary symptoms such as pain with urination.