

Colds and Coughs

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There are over 200 viruses that cause colds and coughs, and most healthy children can be expected to get between six to ten colds a year. Some cold viruses can be acquired more than once. It takes decades to build immunity to cold viruses, which is why it may seem as if your child always seems to have one!

Colds are most common in winter months – not because the weather is cold, or because we ourselves are cold – but because we are more commonly indoors and in closer contact with contagious individuals. A cold virus is spread by contact with upper respiratory secretions (saliva or mucus) from a sick person, or from contact with cold germs on their hands or mouths. A cold is not acquired because a child goes without a coat, goes barefoot, gets wet, drinks cold beverages, or goes outside when it is cold. The incubation period for a cold is about 3 – 5 days.

Symptoms

The illness may begin with a sore or scratchy throat, headache and fever (sometimes quite high). Within 2 days, the child will develop clear, thin nasal mucus which will thicken and change from clear to yellow to green over the course of the cold. A cough usually accompanies these symptoms. As a rule, the child is often a little mopey for the first 2 – 3 days, but after 3 days the fever should resolve and the child should feel a little better. A cold will last from 2 – 3 weeks from start to finish. During the first week the nasal symptoms predominate, but by the second week, the cough is the most notable symptom. The cough can last into the third week, but by that time symptoms should be mild, and the child, although coughing, should have his or her normal energy and good spirits.

Management

Children as well as adults vary in how they respond to cold and cough products. While some find these products helpful in relieving symptoms, others find little benefit, and still others seem to be bothered by the side effects of these preparations. As a rule, we recommend natural measures as a first line management strategy, particularly in children less than 6 years of age. Frequent fluids, humidified air in the form of a vaporizer, humidifier, or a warm steamy bath, nasal saline drops, nasal suctioning and upright positioning, can be utilized to help your child with the bothersome nasal congestion of a cold. We advise against using medicated decongestant nose sprays or giving cold or cough products to children under 2 years of age. Plain Tylenol can temporarily relieve the discomfort or fever from a cold. Recent pediatric research shows cough suppressants to be of no greater benefit than placebo in quieting a cough. Research has also shown no change in the quality of the cough or the thickness of secretions with the elimination of milk from the child's diet. You may certainly offer cold and cough products to your child if he or she is over 2 years of age. However don't place a great deal of faith in their "miracle" claims. Be attentive to the manufacturer's directions and recommendations for use.

A light diet is best when your child has a cold. Children frequently have a decreased appetite with cold symptoms, and as such should not be pressured to eat when they do not

wish to. When one cannot smell, food does not taste good. When a child is swallowing mucus it can make them nauseous and cause a poor appetite. He or she will resume their normal intake when the cold symptoms improve.

The child is contagious the entire time he or she has symptoms. As such, you should teach your child appropriate preventative hygiene to prevent the spread of the cold to others. Covering the mouth when sneezing or coughing, sneezing into a bent elbow to decrease hand transmission, and keeping hands to oneself and decrease spread to other family members. We do not recommend excluding your child from school or daycare unless you feel they are a management problem, or if symptoms are so bothersome that they interfere with your child's learning.

When To Be Concerned

It is very hard as a parent to see your child sick with cold symptoms day after day with few days of wellness during cold and flu season. We are parents too, and understand the frustration. Is there something wrong with my child's immune system? How do I know this is not something more serious? He or she has been sick for so long, maybe antibiotics would help. Maybe he or she needs antibiotics to prevent it from turning into something more serious. These are all legitimate questions.

When we see a child with cold symptoms, we look for physical changes indicative of a secondary infection; pneumonia for example; an ear or sinus infection. These secondary infections are sometimes responsive to antibiotics. There are certain symptoms that are not usually associated with the common cold, and are of concern. A child who is panting or pointing to the chest and complaining of trouble or pain with breathing does not have typical cold symptoms. Fevers greater than 101 late in the course of the cold, on day 5, day 7, or day 10 for instance, are not usually seen with a cold. Fever is normal during the first 3 days of a cold, but late onset fevers may indicate a change in the child's condition. Vomiting associated with a late onset fever, stiff neck with fever, unusual fatigue or lethargy beyond which you are comfortable, are also not normal with the common cold. An infant or young child who is so bothered by their symptoms that they are unable to take even a small feeding should be seen. A child with a chronic medical condition in whom a cold may worsen the underlying condition should also be seen. Any child you are worried about should be seen. And lastly, we are happy to see your child simply to make sure that there are no other worrisome changes occurring.