

VIRAL UPPER RESPIRATORY INFECTIONS - IN CHILDREN

I. DEFINITION:

An acute, mild, and self-limiting syndrome caused by a viral infection of the upper respiratory tract mucosa.

II. CLINICAL FEATURES:

- A. Nasal discharge, obstruction or congestion.
- B. Watery and inflamed conjunctivae.
- C. Mild sore throat.
- D. Serous nasal discharge and moist, erythematous, swollen nasal mucous membranes.
- E. Fever generally slight or absent but may be high in infant.
- F. Decreased appetite, especially in infants.
- G. Mild erythematous pharynx.
- H. General malaise.
- I. Erythematous tympanic membranes in infants.
- J. Absence of rales, rhonchi, retractions or other signs of respiratory distress.

III. MANAGEMENT PLAN:

A. Treatment

- 1. Evaluate severity of condition and refer to APRN/physician if other than mild, generalized symptoms. If client is without fever, evaluate to assure there are not other definitive signs of infection.
- 2. General
 - a. Offer fluids by mouth frequently. Fluids or hydration help loosen secretions and prevent upper airway obstruction.
 - b. Place a cool mist humidifier on the floor in the child's room. Rinse the water container between uses and do not use any medicine in the humidifier. Discontinue use if it increases nasal stuffiness. **DUE TO RISK FOR INJURY, ADVISE AGAINST THE USE OF STEAM VAPORIZERS.** May expose to steamy showers if humidifier is not available.
 - c. If the child sounds congested and is too young to blow his/her nose, gently suction each nostril with a 1 ounce rubber or plastic ear syringe before each feeding. The rubber syringe must be cleaned with each use with soap and water to prevent re-infection.
 - d. If nasal mucous is quite thick, it may be loosened by dropping 1-2 drops of Ocean Mist, normal saline nose drops, or tap water in each nostril, then gently suctioning with a 1 ounce rubber or plastic ear syringe. To

- make normal saline nose drops, dissolve ¼ teaspoon of salt in 1 cup of warm water. Cool to room temperature. Discard solution after 2 days.
- e. Sometimes raising the head of the child's bed helps to relieve coughing. Stack books 2-3 inches under the legs at the head of the child's bed.
 - f. Family members should try to "keep their cold to themselves" by carefully disposing of tissues; not sharing towels, glasses, or eating utensils; covering the mouth and nose with tissues when coughing or sneezing; and washing the hands thoroughly after blowing the nose or sneezing and frequently throughout the day.
 - g. Acetaminophen (Tylenol) for fever. **DO NOT USE ASPIRIN IN CHILDREN AND ADOLESCENTS.**
 - h. Antihistamines and decongestants (over the counter medications) are not recommended for children under 2 years of age.

B. Referral

1. Symptoms worsen after 3-5 days.
2. Refer to pharmacist, APRN or physician for over the counter cold medication.
3. Signs of increasing severity or more complicated illness such as:
 - a. Has had cold for more than 2 weeks.
 - b. Excessive yellow-green nasal discharge.
 - c. Fever of 102 degrees F or more.
 - d. Earache.
 - e. Chest pain, rattle or wheezes, rapid breathing.
 - f. Vomiting.
 - g. Child under one year of age with more than minimal symptoms.

C. Follow-up

Determine tracking priority utilizing professional judgment.

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