How to treat a cold: a guide for parents

Every parent knows the struggle of battling a cold. The battle is especially hard when the cold germs land right before a birthday party, a holiday gathering, or a family trip. Here are tips on how to treat a cold.

Understanding Colds

Colds typically last about 1-2 weeks, with the first week often being the toughest. Common symptoms include a sore throat, runny nose, cough, and general fatigue. Sometimes, colds can cause a mild fever, and in some cases, a bit of tummy trouble. While there’s no magic cure, there are plenty of ways to make your kids more comfortable.

Tips for Treating Common Cold Symptoms

Sore Throat
Not every sore throat means strep throat! If your child has a sore throat along with a runny nose and cough, it’s likely part of their cold. Post nasal drip hurts. To ease the discomfort, you can give a pain reliever like acetaminophen (e.g. Tylenol) every 4 hours or ibuprofen (e.g. Motrin, Advil) every 6 hours. Read this post to learn how these medicines differ from each other. Always check the label for dosing or call your doctor if you’re unsure.

For kids over one year old, honey can be a soothing remedy. Offer a teaspoon or two on its own or mix into warm, decaffeinated tea or in warm milk. Alternatively, offer ice pops- the cold helps numb throat pain. And don’t forget hydration! Offer plenty of fluids—breast milk or formula for babies, and juice, milk, or water for older kids.

Call the pediatrician: If your child’s throat pain is severe or they aren’t drinking enough fluids to urinate at least 3-4 times in 24 hours, it’s time to reach out to their doctor.

Runny or Stuffy Nose
To prevent the irritation a runny nose, apply a dab of petroleum jelly (e.g. Vasoline) under their noses.

For stuffiness, try using saline drops or saline spray to help loosen up the mucus. If your baby struggles to breathe through their nose, gently suction out the mucus with a bulb syringe. But don’t overdo it—only suction if their stuffy nose prevents them from drinking or sleeping. Older kids can take long steamy showers and babies can take an extra bath to relieve their stuffiness.

For safety reasons, avoid decongestants and cold medicines for young children. Even for older kids, cold medicine often does not work and can cause unwanted side effects. We recommend avoiding formulations with multiple ingredients-it can be confusing to keep track of what is going into your child. For example, you might give your teen a dose of acetaminophen and then find out that the multisymptom cold medicine you gave already also contains acetaminophen.

Interesting pediatric fact: nose boogers can turn from clear to white to yellow to green, all in the same cold.

Call the pediatrician: If your child’s runny nose lasts more than two weeks or your child complains about facial pain or swelling, call your child’s doctor.

Coughing
Keep your child well-hydrated, and if they’re over a year old, honey can help soothe that cough. Offer 1-2 teaspoons a few times a day or mix it into a warm drink.

Create a steam-filled environment. Try running a hot shower and sitting in the bathroom with your child while they breathe in the steam. If your child has asthma, make sure to follow their asthma action plan.

It is not necessary to confine your coughing child to their bed or to the couch. Walking around encourages deeper breathing which improves lung function. Likewise, have them do deep “yoga” breathes to “pop-out” their lungs.

Call the pediatrician: Call their doctor if their cough doesn’t improve after 10-14 days. If your child is having difficulty breathing, looks pale or blue, or becomes lethargic, take them to the closest Emergency Department.

Fever
Colds can cause fevers, most often in the first few days. To treat a cold with fever-related discomfort, acetaminophen or ibuprofen can help. Check out our detailed post on managing fever for more information.

Call the pediatrician: If the fever lasts more than 2-3 days, or if it goes away for a day or more and then comes back, it’s best to consult your child’s doctor. The cold may have evolved into something else like an ear infection or pneumonia. Additionally, all babies younger than two months of age should be seen by a physician for fever of 100.4 or higher as soon as you realize they have a fever.

More Tips

Watch for pain. Depending on location, pain can be a sign of a new bacterial infection on top of a cold virus. For example, ear pain can signify an ear infection, chest or shoulder pain can signify pneumonia, and pain over the face (cheeks or forehead or behind the nose) can signify a sinus infection.

Hydrate, hydrate, hydrate! Thin that mucous. Signs of dehydration include lack of tears on crying, dry mouth and lips, and as we said above, a decrease in wet diapers/frequency of urination or dark urine. If your child is not eating, they will need sugar for energy and salt to keep up their blood pressure. Vary the beverages, do not give water only. Colds are a perfect time for chicken soup.

Fresh air can work wonders, so let your child play outside or crack a window to air out the house. Going outside in the cold does not actually cause colds.

Extra story time or playtime can distract kids from feeling under the weather.

Kids can return to school once they've been fever-free for at least 24 hours and their symptoms are improving.

May the germs fighting with impunity fall to your child's immunity!

Julie Kardos, MD and Naline Lai, MD
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Oh no, it's the back to school cold!

Mr. Germ was excited to join the class this year as mystery

reader until he saw the hand sanitizer on the back to school supply list.

Your child went back to school a couple of weeks ago, you've been to back to school night, and now, right on time, many of your children have… THE BACK TO SCHOOL COLD. What to do with this cold?

Whether caught from the toddler room or from the middle school hallway, most back to school colds look the same. Your child will start with a day of extra grumpiness or vague complaints about feeling tired or having a sore throat, followed by a runny nose
the next day, and then a cough a couple of days later. If your child has a fever from a cold, it starts during the first or second day. Some kids get watery eyes or a small amount of mucus from their eyes, to match their runny noses. To add insult to injury, some kids produce loose stools or vomit mucus. Many lose their appetites. In general symptoms build on days 0-2, peak at days 3-5, gradually get better days 6-7, and linger for the next week.

Colds are viruses and do not improve with antibiotics, but it is important to be on the look out for superimposed bacterial infections. In other words, cold viruses can irritate the body and make the body more susceptible to bacterial infections (pus producing infections) like ear infections or pneumonias. Unlike colds, bacterial infections can be eradicated with the help of antibiotics.

Here is what you can expect from a back to school cold and how you can help your child feel better:

Sore throat

- **Expect** sore throat for at least the first 2-3 days.
- **Treat** pain so that your kid hydrates without pain on swallowing. You can give acetaminophen (i.e. Tylenol) or

ibuprofen (i.e. Motrin, Advil).
We have a post devoted to ways to soothe a sore throat here. And this post can help you decide whether your child needs to be tested for strep throat.

Fever

- **Expect** fever to start within the first 2 days of cold symptoms and to last at least 2-3 days. If it lasts more than 4-5 days, call your child's doctor.
- **Treat** discomfort with fever reducing medicine if needed. Read helpful information about fever here.

Runny/stuffy nose

- **Expect** your child to have a runny, stuffy nose for as long as 2-3 weeks. Sinus infections are explained here.
- **Treat** your baby or young child's stuffy nose with suction and saline (salt water) nose drops to help clear mucus. Although older kids can blow their nose, they can also use saline nose drops and take long warm showers to relieve nasal congestion. See other ways to treat cold symptoms here.

Cough

- **Expect** the cough to get worse on days 3, 4 and 5 of the cold, and to last for as long as 2-3 weeks. Here is our post on how to tell if your child is handling her cough or if the cough is a harbinger of asthma or pneumonia.
- **Treat** cough with extra fluids, and you can give honey if your child is over one year old. If your child has asthma, follow their asthma treatment plan. Remember to stay away from over-the-counter cough medications.

Sorry, we don't have a vaccine against the many viral germs that cause the common cold. But we do have one against the viral germ called influenza, better known as "the flu." The flu is much more severe than a cold, so if your child is

miserable from their cold, imagine how they will feel if they catch the flu (read here to tell the difference between colds vs flu).

Who knows, maybe this back to school cold will be the last cold of the school year. Here's to hoping!

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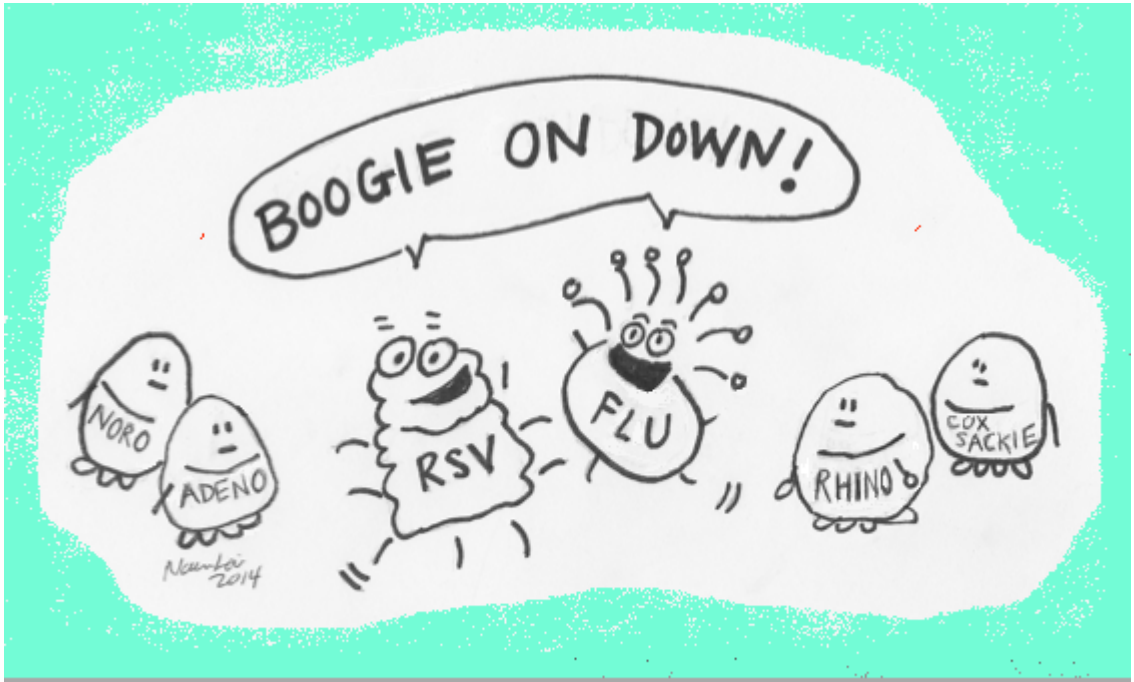
RSV: nothing to sneeze at!



At the New Year's winter party RSV and flu always got a little out of control.

"A baby in my child's daycare was hospitalized for RSV," panicked parents said to us the other day. But RSV (Respiratory Syncytial Virus) is not just a daycare phenomenon. As we are currently experiencing in our office, this virus causes MANY more run-of-the-mill office visits than hospitalizations.

Right now, RSV season is in full swing. RSV is one of the most common causes of the common cold. It is THE most common cause of childhood bronchiolitis (inflamed tiny airways in the lungs), but most of the time RSV causes a really miserable cold without any other complications. Most of us have had RSV many times. RSV tends to be particularly tough on babies and toddlers because the worst episode of RSV is usually the first time you catch the germ.

RSV glues to cells from the nose down to the lungs, causing breathing difficulties. The boogies from RSV tend to be very thick and kids' lungs goo-up, sometimes causing a wheeze (like that of a person with asthma). The cough from RSV can easily last a month. The disease can be very dangerous in young infants, babies born earlier than 38 weeks (premature), and babies with chronic lung and heart disease, because of their inability to clear the gunk that RSV produces in their airways. Some kids get fever with RSV and some do not.

Like all cold viruses, no medication kills RSV, so the germ needs to "run its course." The third through the fifth day of the illness are generally the peak days for symptoms. Here are ways to help your ill child:

- Stay away from the over-the-counter cough and cold medicines– they can have more side effects than helpful effects.
- If your child is over one year old, honey can help relieve the cough . Try giving 1 teaspoon 3-4 times a day.
- For the little ones who can't (or won't) blow their noses, put a drop or two of nasal saline in each nostril and use a suction device like a bulb syringe to pull out the discharge. Warning: over-zealous bulb suctioning, more than three to four times a day, can be irritating to the nose. Sometimes just the saline alone, without suction, is enough to promote sneezing which will catapult out the mucus.

- Run a cool mist humidifier in her bedroom or sit with your child in a steamy bathroom so water vapor loosens her congestion.
- Give acetaminophen (if over two months of age) or ibuprofen (over six months of age) as needed for fever or discomfort from a clogged head.

Just like you when **you** have a cold, your child may lose her appetite because she has a belly full of post nasal drip and overall feels lousy. Do not fret over her lack of food intake, but do hydrate her well. Breast milk or formula, because of their nutrition, is the best choice for hydrating infants with a cold. For older children, encourage water, but if your child is not eating, make sure there is salt and sugar in her fluids to keep her going. Don't be afraid to give your child milk when she has a cold. Good old-fashioned chicken broth is another great source of hydration.

For kids under two years of age, avoid the use of smelly chest rubs containing menthol or camphor (e.g. Vicks Vapor Rub) and in older children, don't introduce a rub for the first time when your child is ill. When he is sick is a terrible time to discover that a chest rub sends your child into an allergic coughing fit or to discover that he hates the smell.

How do you know if you need to take your child to the doctor? Read here to help you decide. Watch for signs of difficulty breathing: rapid breathing, ribs sticking out each time your child breathes in (click here for our video example of this), and/or belly moving in and out with each breath, and grunting. A child who is short of breath will be unable to breathe and drink at the same time. A child who is inconsolable with RSV might have additional infections such as pneumonia, ear infections or sinus infections.

Since our immune systems do not make a long-lasting antibody response to RSV, our bodies do not "remember" RSV, and we can catch it again and again. This makes the creation of an RSV

vaccine difficult, because vaccines work by boosting our natural defense systems. Vaccines cannot boost an immune response that does not occur naturally.

Take heart, even if your child gets RSV every winter, each episode will usually be less severe than the last. Just look at us pediatricians, we have contracted it so many times, we may sneeze only once before the germ retreats.

Hopefully your family escapes RSV this year! Continue good hand washing and encourage your child to cough into his sleeve to prevent spread of RSV and other Really Sick Viruses.

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