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Common Colds and Young Children

Your child probably will have more colds, or upper respiratory infections, than any other illness. In the first two years of life alone, most youngsters have eight to ten colds. If your child is in child care or if there are older school-age children in your house, she may have even more because colds spread easily among children who are in close contact with one another. That's the bad news, but there is some good news too: most colds go away by themselves and do not lead to anything worse.

Colds are caused by viruses, which are extremely small infectious organisms (much smaller than bacteria). A sneeze or a cough may directly transfer a virus from one person to another. The virus may also be spread indirectly, in the following manner:

1. A child or adult infected with the virus will, in coughing, sneezing, or touching her nose, transfer some of the virus particles onto her hand.
2. She then touches the hand of a healthy person.
3. This healthy person touches her newly contaminated hand to her own nose, thus introducing the infectious agent to a place where it can multiply and grow - the nose or throat. Symptoms of a cold soon develop.
4. The cycle then repeats itself, with the virus being transferred from this newly infected child or adult to the next susceptible one, and so on.

If your baby is under 3 months old, the best prevention against colds is to keep her away from people who have them. This is especially true during the winter, when many of the viruses that cause colds are circulating in larger numbers. A virus that causes a mild illness in an older child or an adult can cause a more serious one in an infant.

An older child with a cold usually doesn't need to see a doctor unless the condition becomes more serious. If she is 3 months or younger; however, call the pediatrician at the first sign of illness. With a young baby, symptoms can be misleading and colds can quickly develop into more serious ailments, such as bronchiolitis, croup, or pneumonia.

For a child older than three months, call the pediatrician if:

- The noisy breathing of a cold is accompanied by the nostrils' widening with each breath, or difficulty with moving breath in and out.
- The lips or nails turn blue.
- Nasal mucus persists for longer than ten to fourteen days.
- The cough just won't go away (it lasts more than one week).
- She has pain in her ear.
- Her temperature is over 102 degrees Fahrenheit (38.9 Celsius).

- She is excessively sleepy or cranky.

Your pediatrician may want to see your child, or he may ask you to watch her closely and report back if she doesn't improve each day and is not completely recovered within one week from the start of his illness.

Unfortunately, there's no cure for the common cold. Antibiotics may be used to combat *bacterial* infections but they have no effect on viruses, so the best you can do is to make your child comfortable. Make sure she gets extra rest and drinks extra or increased amounts of fluids. If she has a fever, give her acetaminophen or ibuprofen. Ibuprofen is approved for use in children 6 months of age and older; however, it should never be given to children who are dehydrated or who are vomiting continuously. (Be sure to follow the recommended dosage for your child's age.) Never give her any other kind of cold remedy without first checking with your pediatrician. Over-the-counter treatments often dry the respiratory passages or make the nasal secretions even thicker. In addition, they tend to cause side effects such as drowsiness.

If your infant is having trouble nursing because of nasal congestion, clear his nose with a rubber suction bulb before each feeding. Remember to squeeze the bulb part of the syringe first, gently stick the rubber tip into one nostril, then slowly release the bulb. This slight amount of suction will draw the clogged mucus out of the nose, and should allow him once again to breathe and suck at the same time. You'll find that this technique works best when your baby is under 6 months of age. As he gets older, he'll fight the bulb, making it difficult to suction the mucus.

If the secretions in your baby's nose are particularly thick, your pediatrician may recommend that you liquefy them with saline nose drops. Using a dropper that has been cleaned with soap and water and well rinsed with plain water, place two drops in each nostril 15 to 20 minutes before feeding, and then immediately suction with the bulb. Never use nose drops that contain any medication because it can be absorbed in excessive amounts. Only use normal saline nose drops.

When your child has a cold or an upper respiratory infection, placing a cool-mist humidifier (vaporizer) in his room will help keep nasal secretions more liquid and make him more comfortable. Set it close to him so that he gets the full benefit of the additional moisture. Be sure to clean and dry the humidifier thoroughly each day to prevent bacterial or mold contamination. Hot-water vaporizers are not recommended because they can cause serious scalds or burns.

One final note about medications: Never use cough medicines or cough/cold preparations in a child under three years of age unless prescribed by your pediatrician. Coughing is a protective mechanism that clears mucus from the lower part of the respiratory tract, and ordinarily there's no reason to suppress it.

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