



How to Treat Colds and Coughs

The common cold is indeed “common.” In fact, most children will get about 12 colds a year when they are 2 or 3 years old, or whenever they enter daycare (“daycare-itis”). Since a cold lasts 7-10 days, that means they are generally getting a cold, having one, or just getting over one most of the time. That is a lot of colds, but they are building up their immunity, and once they get these colds, they won’t get the same ones again—they will be immune. That might be small comfort, and these illnesses are probably not what you pictured when you thought how great it would be to have kids—but that’s life.

Colds are caused by viruses. The good news is they are not dangerous and will go away by themselves most of the time. The bad news is we cannot aid the natural process of healing. Antibiotics will not help, because they only treat bacteria, not viruses. If the cold lasts more than two weeks, and if there is still thick green/yellow mucous after 10 to 14 days or so, this

may mean that bacteria may have come in after the virus and super-infected the sinuses. In this case, we would prescribe antibiotics, but this is an uncommon complication.

Treatment

So, what can we do to make your child with a cold and cough feel better? First, give more fluids than usual—water, popsicles, jello, juice, etc. Second, you can use vaporizers or humidifiers in the bedroom—there is no scientific evidence that this helps, but some people feel that it does. Third, you can also use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) for fevers, or just to make your child feel better. (See our “feverphobia” handout for more information on these.)

Finally, if your child is over age two years, you can use cold and cough medicines. But even between ages two and five years, we try to be cautious with these medicines, since some of them can have serious side effects. And remember, these

medications do nothing more than ease symptoms; they don’t cure the disease.

Cough. Sometimes coughs are good. If it actually gets up mucus, the cough is helping to clear the lungs, so that cough should not be suppressed. But if the cough is not bringing up anything and is just keeping your child awake, then we can suppress it. Most over-the-counter (OTC) cough medicines use dextromethorphan (DM) to make the brain’s cough center less sensitive to the cough reflex. Many cold and cough medicines use DM as their cough suppressant component. Coughing is also a frequent symptom of asthma, sometimes even without wheezing. If this is the case, then asthma medications, such as inhaled albuterol, can give dramatic relief.

And sometimes a plain antihistamine, such as Benadryl (diphenhydramine), can help a lot with coughing. But because it causes drowsiness, we try to avoid it during the daytime.

Congestion and runny noses. There are lots of OTC medicines for these symptoms. Generally, they combine a decongestant and an antihistamine. Here are some general guidelines:

- In-house brands are as good as name brands if the ingredients are the same.
- The decongestant components are usually pseudoephedrine or phenylpropanolamine. These are supposed to help shrink the swollen membranes inside the nose, by causing constriction of the blood vessels. But they don’t always work very well, and can also cause excitement, a fast heart rate, elevated blood pressure and sometimes nightmares, so be careful with the dose.
- The antihistamine components are usually diphenhydramine (Benadryl), chlorpheniramine, or brompheniramine. They can help stop the nose from running and itching, but they also cause sleepiness, and sometimes irritability especially with daytime use. Sometimes parents give these medicines only at bedtime.

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With all of these medicines, it is usually a good idea to pick the medicine with the fewest active ingredients, and target the medicine for the symptoms that your child has. If you are giving more than one medicine, check the labels to make sure you are not giving the same ingredient twice. Also, keep them high up and locked away. Measure carefully, because overdoses, while rarely fatal, can be unpleasant. Never give these medicines

to children less than two years old. And remember, you are not curing anything, so if a medicine is not working or seems to be doing more harm than good, stop giving it.

Finally, if symptoms present that are inconsistent with those of a normal cold—a strange rash, headache, asthma, difficult breathing, or anything else that worries you—it is important to check with us.