Diagnosis:

Presentation - sneezing, nasal congestion and/or rhinorrhea, pharyngitis, cough, fever, headache, and fatigue. Diagnosis is clinical in nature.

Clinical Assessment:

- Respiratory rate and lung sounds to determine if there is any wheezing or concurrent pneumonia. Tachypnea can be a sign of more severe illness.
- Assess ears for concurrent acute otitis media
- Consider testing for influenza during flu season

Treatment:

Supportive

- Hydration may help to thin secretions, warm fluids may be soothing
- Cool mist humidifier may be recommended although there is no data to support its effectiveness
- Topical saline (ie nasal spray or drops) may help with relieving upper respiratory symptoms, decrease the use of other therapies, decreased recurrence of symptoms, and decreased school absence. (Cochran Database Syst Rev 2015; 4:CD006821.)
- Nasal suction in infants is done by bulb syringe. Nasal irrigation using saline prepared with sterile water may be done in older children using neti-pot or squeeze bottle.
- Honey 2.5-5ml has been shown to reduce cough frequency greater than no treatment and diphenhydramine. (Cochrane Database Sys Rev 2014 12:CD007094) - Honey should NOT be given to infants <1 year of age due to risk of botulism.

Medications

- OTC cold and cough medications should be avoided for children <6 years of age. (USFDA: Public Health Advisory 2011, Cochrane Database Syst Rev 2014 11:CD001831)
- OTC cold and cough medications are NOT recommended and are not effective for children 6-12 years of age (USFDA: Public Health Advisory 2011, Cochrane Database Sys Rev 2014 11:CD001831)
  - Ipratropium 0.06% nasal spray may be considered for severe nasal discharge 2 sprays each nostril tid x 4 days (Cochrane Database Sys Rev 2013 6:CD008231)

Key Points

- Viral URI is one of the most common acute illnesses of childhood
- Peaks in fall and winter
- Treatment is supportive – anticipatory guidance is key to assisting care givers
- Antibiotics are not indicated.
• OTC decongestants may provide symptomatic relief in adolescents >12 years of age:
  o Ipratropium 0.06% nasal spray may be considered for severe nasal discharge 2 sprays each nostril 3-4x/day x 4 days (Cochrane Database Sys Rev 2013 6:CD008231)
  o Pseudoephedrine and phenylephrine for congestion may be useful. (Cochrane Database Sys Rev 2007 CD:001953)
  o Topical decongestants such as oxymetazoline, xylometazoline, and phenylephrine may also be recommended but should be limited to no more than 3 days to prevent rebound congestion. (Cochrane Database Sys Rev 2007 CD:001953)

Avoid the following

• Aromatic vapor preparations (ie Vicks) have not been demonstrated to be effective in children with acute URI. (Pediatrics 2010)
• Vitamin C has not shown benefit in reducing URI symptom and severity. (Cochrane Database Sys Rev 2013 1:CD000980)
• Zinc has not been shown to reduce symptoms and duration of illness in children with URIs. (JAMA 1998)
• Echinacea purpurea has not been shown to improve symptoms and duration of illness in URIs. (JAMA 2003)
• Antibiotics are not recommended in the treatment of the common cold and cough. (AAP:2013)
• Antihistamines are not recommended for treatment of symptoms related to the common cold and cough. (Cochrane Database Sys Rev 2015 11:CD009345)
• There are no recommendations for the use of antitussives, expectorants, and mucolyics in the treatment of cough in viral URIs in children. Codeine is not recommended for children younger than 12 years of age and those between the years of 12-18 who have asthma. (AAP 1997, Cochrane Database Sys Rev 2014 11:CD001831)
• Nasal steroid sprays show no benefit in the common cold. (Cochrane Database Sys Rev 2015 10:CD008116
• Bronchodilators are not recommended to treat cough in non-asthmatic children with a cold.

Anticipatory Guidance:
• Length of illness: Symptoms of common cold peak between 3-5 days, gradually improve, with duration of illness 10-14 days in younger children and 7-10 days in older children.
• Cough may linger for 2-4 weeks
• Young children may have 6-12 colds per year and it is common for them to have back-to-back illnesses.
• Hand washing is the single best way to prevent contracting illness
• The child should return for reevaluation with persistent fever or worsening symptoms.