



PATIENT EDUCATION

Colds in Children

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

For more than 100 years, teams of physicians have cared for children at Mayo Clinic.

T. DENNY SANFORD PEDIATRIC CENTER

MAYO EUGENIO LITTA CHILDREN'S HOSPITAL

Pediatric Sub-Specialties in the following areas:

Allergy and Immunology	General Pediatric and	Plastic and Reconstructive
Anesthesiology	Adolescent Medicine	Surgery
Cardiology	Gynecology, Adolescent	Psychiatry and Psychology
Cardiovascular Surgery	Hematology and Oncology	Pulmonology
Child and Family	Infectious Diseases	Radiation Oncology
Advocacy Program	Medical Genetics	Radiology
Community Pediatrics and	Neonatal Medicine	Regional (Health System)
Adolescent Medicine	Nephrology	Pediatrics
Critical Care	Neurology	Research
Dermatology	Neurosurgery	Rheumatology
Developmental and	Ophthalmology	Sleep Medicine Center
Behavioral Pediatrics	Oral and Maxillofacial Surgery	Speech Pathology
Emergency Medicine	Orthopedic Surgery	Surgery
Endocrinology and Metabolism	Otorhinolaryngology (ENT)	Urology
Gastroenterology and	Physical Medicine and	
Hepatology	Rehabilitation	

Pediatric Specialty Clinics:

Adrenoleukodystrophy Clinic	Dermatology Genetics Clinic	Neonatal Follow-Up Clinic
Aerodigestive Clinic	Diabetes Clinic	Neuromuscular Clinic
Anxiety Disorders Clinic and	Eating Disorders Clinic	Pain Clinic
Intensive Therapy Program	Eosinophilic Esophagitis Clinic	Pain Rehabilitation Center
Arrhythmia and Device	Epilepsy Clinic	Pediatric Diagnostic Referral
Placement Clinic	Erythromelalgia Clinic	Clinic
Asthma Center	Facial Paralysis and	Pediatric Level 1 Trauma Center
Attention Deficit Hyperactivity	Reanimation Clinic	Plagiocephaly Program
Disorders (ADHD) Clinic	Feeding Program	Pulmonary Hypertension
Bariatric Surgery Clinic	Fertility Preservation	Program
Brain Injury Program	Fetal Surgery Program	Renal Stone Clinic
Brain Tumor Clinic	Friedreich's Ataxia Clinic	Spina Bifida Clinic
Cerebral Palsy Clinic	Functional Movement	Spinal Deformities Clinic
Chemotherapy/Radiation	Disorder Program	Sports Medicine Center
Long-Term Effects Clinic	Heart Failure Clinic	Thyroid Nodule/Cancer Clinic
Child and Adolescent Intensive	Hemophilia/Coagulopathy Clinic	Transgender Clinic
Mood Program (CAIMP)	Hyperlipidemia Program	Transitions Program
Childhood Sarcoma Clinic	Immunodeficiency Disorders	Transplant Center
CompPASS (Palliative Care and	Clinic	Travel Clinic
Integrative Medicine)	Inflammatory Bowel Disease	Vascular Malformations
Congenital Heart Clinic	Clinic	Velo-Pharyngeal
Constraint Induced Movement	Learning Disorders	Insufficiency Clinic
Therapy Program	Assessment Clinic	Voiding Clinic
Craniofacial Clinic	Long QT Syndrome Clinic	Weight Management Clinic
Cystic Fibrosis Center	Marfan Syndrome Clinic	
Dana Child Developmental and	Metabolic Bone Clinic	
Learning Disorders Program	Mood Disorders Clinic	

The Common Cold

The common cold is a viral infection of the nose and throat. This also is called an upper respiratory tract infection. A cold is usually harmless, although it might not feel that way. Many types of viruses can cause a common cold. But rhinoviruses are often the cause.

Your child probably will have more colds than any other illness. Colds are especially common in the first two years of life. You may see even more colds if your child goes to day care or if there are older school-age children in your house. Colds easily pass from one child to another.

Most colds go away by themselves in 7 to 10 days. Usually they do not lead to anything worse.

How the virus can spread

A cold virus enters your body through the mouth, eyes or nose. The virus spreads by droplets in the air when someone who is sick coughs, sneezes or talks.

It also spreads when you touch hands with someone who has a cold. Or it spreads when you share contaminated objects, such as dishware, towels and toys. If you touch your eyes, nose or mouth after such contact, you are likely to catch a cold.

Children Who Are More at Risk for Colds

The following factors may increase a child's risk to get a cold.

Age. Children younger than 6 are at greatest risk for colds. Young children are still building up their immune system. It's harder for them to fight off viruses.

Day care. Children in child care centers are more likely to get colds because:

- The virus spreads easily.
- The virus can pass through body fluid.
- Little children often put their hands in their mouths.

Weakened immune system. Having a chronic illness or a weakened immune system increases the risk of colds.

Time of year. Both children and adults are more likely to get colds in fall and winter. But anyone can get a cold at anytime.

Smoking. Your child is more likely to catch a cold and to have more severe colds when exposed to cigarette smoke.

Exposure. When a family member is around many other people, such as at school or on an airplane, the whole family has more exposure to viruses that cause colds.

Symptoms

Symptoms of a common cold usually appear one to three days after exposure to a virus that can cause colds. They typically last between 7 and 10 days.

Common symptoms for children who have the cold virus are:

- Sore throat.
- Cough.
- Head congestion.
- Slight body aches or a mild headache.
- Sneezing.
- Generally feeling unwell.
- Lack of appetite.
- Fussiness in younger children
- Stuffy nose or runny nose. At first the drainage from the nose may be clear. Later it may become thicker and yellow or green. Yellow or green mucus does not mean your child has a bacterial infection.
- Low-grade fever, a temperature of 100.4 Fahrenheit (38 degrees Celsius) or slightly higher.

Possible Complications

The following are common complications for children who have a cold virus. All can be treated with medication if needed.

Acute ear infection. This occurs when bacteria or viruses enter the space behind the eardrum. Typical symptoms include earaches or fussy behavior. In some cases, children may have a new fever late in the illness or the return of a fever after having a cold.

Asthma. A cold can trigger an asthma attack.

Acute sinusitis. A common cold that doesn't get better can lead to inflammation and infection of the sinuses. This is called sinusitis. It is more common for older children and those with severe symptoms, such as fever, severe pain, facial pain, or symptoms that last longer than 14 days.

Other secondary infections. These include strep throat, pneumonia, and croup or bronchiolitis. These infections need to be treated by your child's health care provider.

Note: Acute usually means temporary, sudden and in need of urgent care.

Treating a Cold in Children

There is no cure for the common cold. But there are things you can do to ease your child's symptoms. Read the following to learn what you can do to help your child recover faster.

What works to help treat a cold

To feel better and recover faster, your child can benefit from the following.

Stay hydrated. Water, juice, clear broth, or warm lemon water with honey helps loosen congestion. And it prevents dehydration. Your child should avoid caffeinated drinks. They can make dehydration worse.

Rest. Your child's body needs to heal. Rest and relaxation are important for a faster recovery.

Soothe a sore throat.

- A saltwater gargle can temporarily relieve a sore or scratchy throat. Dissolve 1/4 to 1/2 teaspoon of salt in an 8-ounce glass of warm water. **Note:** Children younger than 6 years are not likely to be able to gargle properly.
- Ice chips, sore throat sprays, lozenges, or hard candy also can help a sore throat. Use caution when you give lozenges or hard candy to children. They can choke on them. Do not give lozenges or hard candy to children younger than 6 years.

Fight stuffiness. Over-the-counter saline nasal drops and sprays can help stuffiness and congestion feel better.

- For older children, over-the-counter saline nasal sprays may be used.
- For infants, put several saline drops into one nostril. Then gently suction that nostril with a syringe. Gently place the syringe tip in the nostril about 1/4 to 1/2 inch. Then slowly release the bulb.

Relieve pain.

- For children 6 months or younger, you may give only acetaminophen for pain.
- For children older than 6 months, you may give either acetaminophen or ibuprofen. Ask your child's health care provider for the correct dose for your child's age and weight.

Sip warm liquids. Warm liquids, such as chicken soup, tea or warm apple juice, may be soothing. They also can increase the flow of mucus, and that may ease congestion.

Add moisture to the air. A cool-mist vaporizer or humidifier can add moisture to your home. This may help loosen congestion. Change the water daily. Clean the unit according to the manufacturer's instructions.

Try over-the-counter cold and cough medications for older children. For children older than age 5, decongestants, antihistamines and pain relievers might offer some relief. However, they won't prevent a cold, cure it or shorten it. And most have some side effects.

Do not give over-the-counter medications to younger children. Overuse and misuse of these medications can cause serious damage. Talk with your child's health care provider before you give any medications.

Take medications only as directed. Some cold remedies contain more than one ingredient. For example, a decongestant also may have a pain reliever in it. Read the labels of cold medications to make sure your child is not taking too much of any medication.

Follow instructions that come with over-the-counter medication. Talk to your health care provider if you have any questions or concerns about these medications.

Encourage your child to eat. Children who are sick sometimes don't want to eat. Try to get your child to eat while they recover. Younger children, especially, need food to help nourish them as they recover.

- If you breastfeed, continue to do so. If it is difficult for your baby to feed at the breast, try to express breast milk into a cup or bottle.
- For children 3 months to 1 year of age, you may notice your child feeds more slowly or does not feel like eating. This may be because your child has trouble breathing. Try to suction your baby's nose before you breastfeed or feed by bottle.

What doesn't work to help fight a cold

There are a lot of cold remedies that you hear about. But many don't work. Some of the more common ones that don't work are listed here.

Antibiotics. Antibiotics do not work against the common cold virus. Your child won't get well any faster. And every time your child uses antibiotics, a resistance for the medication builds up. That means the next time your child may need antibiotics, they may take longer to work. Also, antibiotic medications have possible side effects.

Over-the-counter cold and cough medications in young children. Over-the-counter cold and cough medications may cause serious and even life-threatening side effects in younger children. Before you give any over-the-counter medications, talk with your child's health care provider.

Supplements. Talk with your child's health care provider before you give supplements, such as vitamin C or zinc, to your child. There's no research to prove that supplements work to help prevent, cure or shorten the common cold. And some supplements may be harmful for your child.

Prevention

There's no vaccine for the common cold. But you can do the following to prevent the spread of cold viruses.

Wash your hands. Be sure your child washes hands often and well. Parents and caregivers also need to do this. Especially wash hands after you use the toilet or change a diaper. Wash hands before you prepare food and eat. If soap and water aren't available, use hand wipes or gels with alcohol them. Alcohol kills germs.

Teach good hygiene. Show your children how to practice good hygiene. Teach them how to keep themselves clean. Explain to them why it's best not to put their fingers, hands or any other objects in their mouths. And teach your children to cover their mouths and noses when they sneeze or cough.

Disinfect common areas. Make it a habit to clean high-traffic areas and surfaces with disinfectant. And wash children's toys every once in a while.

Use tissues. Sneeze and cough into tissues. Throw away used tissues right away. Then wash hands carefully.

Avoid close contact. Until no family member has any symptoms, wait to kiss, hug or share objects. These include things such as cups, towels and utensils.

Choose your child care center wisely. Look for a child care setting with good hygiene practices and clear policies about keeping sick children at home.

When to Get Medical Care for Your Child

Most children do not need medical care for a cold. However, if your child has any of the following symptoms, get medical care.

When to get emergency medical care

- Wheezing or difficulty breathing. Children with difficulty breathing may have nostrils that flare with each breath and ribs that draw in with each breath.
- A temperature higher than 100.4 degrees Fahrenheit (38 degrees Celsius) during the first 3 months of life.

When to contact your provider

Contact your provider right away if your child has any of the following:

- A fever of 100.4 degrees Fahrenheit (38 degrees Celsius) that lasts for more than 48 hours for children older than 3 months.
- Lips or nails that turn blue.
- Nasal mucus that lasts longer than 14 days.
- Cough that won't go away.
- Ear pain.
- Acting very sick.
- Symptoms that get worse or fail to improve.
- Severe symptoms, such as headache or cough.
- Extreme fussiness.
- Unusual drowsiness.
- Lack of appetite.

Notes

Notes



BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

MAYO CLINIC | 200 First Street SW | Rochester, MN 55905 | mayoclinic.org

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