

Use of humidifiers/vaporizers, decongestants and mucolytic agents

Upper Respiratory Tract Infection and Acute Bronchitis – Prevention and Treatment (from Merck)

URTI

The best preventive measure is practicing good hygiene. A sick child and the people in the household should wash their hands frequently. In general, the more intimate physical contact (such as hugging, snuggling, or bed sharing) that takes place with an ill child, the greater the risk of spreading the infection to other family members. Parents must balance this risk with the need to comfort an ill child. Children should stay home from school or child care until the fever is gone and they feel well enough to attend.

Influenza is the only viral respiratory infection preventable by vaccination. All children aged 6 to 59 months should receive a yearly vaccination, as should older children with certain disorders. Such disorders include heart or lung disease (including cystic fibrosis and asthma), diabetes, kidney failure, and sickle cell disease. Additionally, children whose immune system is compromised (including children with human immunodeficiency virus [HIV] infection and those undergoing chemotherapy) should receive the vaccine.

Antibiotics are not necessary to treat viral respiratory tract infections. Children with respiratory tract infections need additional rest and should maintain normal fluid intake. Acetaminophen or nonsteroidal, anti-inflammatory drugs (NSAIDs), such as ibuprofen can be given for fever and aches. School-aged children may take a non-prescription decongestant for bothersome nasal congestion, although the drug often does not help. Infants and younger children are particularly sensitive to the side effects of decongestants and may experience agitation, confusion, hallucinations, lethargy, and rapid heart rate. In infants and young children, congestion may be relieved somewhat by using a cool-mist vaporizer to humidify the air and by suctioning the mucus from the nose with a rubber suction bulb.

Acute Bronchitis

Acute bronchitis in otherwise healthy subjects is a major reason that antibiotics are overused. Nearly all patients require only symptomatic treatment, such as acetaminophen or paracetamol and hydration.

Antitussives should only be used to facilitate sleep. Patients with wheezing may benefit from an inhaled β -agonist (eg, albuterol) or an anticholinergic (eg, ipratropium) for ≤ 7 days. Oral antibiotics (eg, 7 days of amoxicillin 500 mg tid, or trimethoprim-sulfamethoxazole 160/800 mg bid) are presumed to be beneficial for patients with serious pulmonary disease who have at least 2 of the following: increased cough, increased dyspnea, increase in sputum purulence.

Cough resolves within 2 wk in 75% of patients. Patients with persistent cough should undergo a chest x-ray and be evaluated for pertussis (whooping cough) and noninfectious etiologies, such as postnasal drip, allergic rhinitis, and cough-variant asthma. Some patients benefit from inhaled corticosteroids for a few days if cough persists because of airway irritation.