

Colds & Fevers



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The cold is one of the most common infections of the nose and throat, and can be caused by more than 200 different viruses. Because the common cold is a virus, it does not respond to antibiotics. Moreover, due to the sheer number of viruses it is impossible to immunise against the common cold.
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Common cold

Colds are passed between people by breathing in airborne droplets from coughs and sneezes, but are most commonly spread by picking up germs on the hands, which transfer the infection to the nose and mouth. The most contagious period is 1 - 2 days after a cold starts.

It is estimated that babies can have between 5 -10 colds per year, depending on their exposure to them; while pre-schoolers can average 6 per year, with the highest number of these occurring in their first two years of childcare. Young children may suffer from repeated episodes until they are able to develop a strong enough immunity. As children age, their immune systems mature and they begin to develop more resistance to colds and other viruses.

Most people are all too familiar with the symptoms that herald the onset of a cold, and generally suffer from: a runny nose, sneezing and nasal congestion, a cough, a sore throat, headaches and body aches and chills from fevers. Congestion can be problematic for infants and young children, making it harder for them to feed and sleep, and may require the use of saline sprays to help loosen the mucus.

Colds can sometimes be complicated by the co-occurrence of other conditions, such as laryngitis, bronchitis (bacterial infection of chest) and inflammation of the sinuses (sinusitis). More serious conditions may include the following symptoms and require immediate medical attention: persistent coughs (which last for a couple of weeks), fevers that last more than 2 days, excessive irritability or tiredness, laboured breathing, and a decrease in wet nappies to only 3 or 4 over a 24 hour period.

To help or hinder?

There are several things that won't help a cold, as well as things that may be better to avoid. Cough medicines are increasingly regarded as ineffectual, with little evidence to support that they work. The same goes for decongestants (such as Oemazin, Robitussin and Sudafed) which can cause either insomnia or hypersomnia in children, restlessness and excitability. Aspirin is also not suitable for children under the age of 15 years, due to the risk of developing Reye's syndrome (brain damage).

There are a number of ways that you can, however, support an infant or a child with a cold. Colds are spread easily so pay extra attention to hand-washing - particularly after wiping baby's and children's noses. Keep a small bin or plastic bag next to a child who's blowing their nose a lot, to prevent infectious tissues from being left lying around, and avoid using hankies. Remind children to cover their noses and mouth when coughing and sneezing, and to wash their hands afterwards whenever possible, so that it becomes second nature to them. Keep children home from childcare to prevent the spread of infection and keep people with colds from being in close contact with your baby.

Colds are impossible to prevent and the treatment for a cold is mainly symptomatic.

Other ways to manage a cold

There are also plenty of natural ways of managing colds and flu's in young children. The most important thing is to keep your child well hydrated. Offer them plenty of non-sugary drinks, freshly squeezed juices and herbal teas, which help cleanse the body of toxins, and thin the mucus. Fresh juices are powerful immune boosters and so tasty that kids love them. Try carrot and apple juice, which is rich in natural vitamin C; or melon and raspberry juice, which cleanses and detoxifies the digestive system, and is a cooling remedy for fevers. Ensure your child's diet includes plenty of fresh fruits and veggies, and warm soups. Avoid foods with sugar as they can suppress immune function, and mucus-forming foods (such as milk, cheese, yoghurt etc).

There is no real proof about the efficacy of vitamin C, although some studies suggest that it may shorten the time-frame of colds, especially if given in the early stages. Vitamin C powder can be mixed with fruit juice, or given in drop form to infants under one year. Zinc or Echinacea lozenges may help soothe sore throats but are not appropriate for children under the age of 4, due to the risk of choking.

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A fever is when your child's body temperature is higher than normal. A normal body temperature is about 37° Celsius but this can vary during the day. In children, a temperature over 38°C indicates a fever. It does not indicate a serious illness. A fever needs to reach about 42°C to cause harm to your child (or damage their brain). This is, however, very rare.

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Fevers

When your child has a raised temperature, keep in mind that the fever itself is not the problem, but a sign of illness. Fever is most commonly an immune response to either a viral or bacterial infection, and is the body's natural way of trying to fight the illness. High temperatures make the body less habitable to viruses and bacteria. Other causes of fever are relatively uncommon, but if in doubt seek medical advice.

It is important to seek medical attention if your child's fever is accompanied by any of the following: a rash, excessive lethargy, high-pitched crying, pain, a fit, consistent vomiting, a swollen or depressed fontanelle (the soft spot on a baby's head) and if your child complains of a stiff neck or sensitivity to light. Infants less than 12 months with raised temperatures are best checked by a doctor, along with any child who has a fever of more than 40°C. In general however, a fever is not considered harmful unless it reaches 42°C.

In some instances, a rapid rise in a child's temperature can cause a child to have a fit, and is known as a febrile convulsion. These types of fits are relatively uncommon and not usually dangerous but they do warrant medical attention.

You should take your child's temperature if: they seem excessively hot, irritable, unwell or in pain; if they are vomiting or refusing to drink; or if they cry inconsolably. Digital thermometers are the most user-friendly and suit all ages. Old-style mercury thermometers should never be placed in a child's mouth as they can be poisonous if they break. Plastic strip thermometers, which are placed on the forehead, are not recommended as they are considered unreliable.

When assessing a child with a raised temperature, observe them for other signs and symptoms of illness. Children's temperatures can vary according to the level of activity they engage in, and can be lower in the morning and higher in the evening.

Any baby under three months who develops a fever should be seen by a doctor.





Most fevers under 39°C can be managed safely and effectively at home. The main priority with any fever is to ensure that your child is drinking enough fluids, and does not become dehydrated. A poor appetite during a fever is normal and nothing to worry about, but soups and broths may be palatable and will help replace lost fluids. Encourage children to take small, frequent sips of water or diluted fruit juice even when they do not seem thirsty. Drinking through a straw may persuade younger children to drink more. There are also a range of oral rehydrating solutions (such as Gastrolyte) available at pharmacies, which also come in ice-block form.

There is no real advantage to lowering a fever other than to relieve your child's discomfort. If the fever is mild and your child seems comfortable, you may choose to let the fever take its course; alternatively, paracetamol or ibuprofen can be given to your child if they seem miserable and unwell. Aspirin should never be given to children under 15 years, as it can be dangerous. Cool sponging is not recommended as it can cause shivering and elevate the temperature more. Instead, dress your child in cool, light clothing and offer frequent drinks.

Thermometers

There are a range of thermometers ranging from low priced plastic strips up to ear thermometers which might seem expensive by comparison. Although the expense might be hard to deal with, you will probably get many years use out of an accurate ear thermometer that make it worth the initial expense.

Battery-operated, digital stick thermometer

This is a plastic thermometer that is safe, accurate and easy to read, but a bit more expensive than a strip. This digital stick thermometer can be used orally or under the baby's arm. It registers the temperature in 30 seconds with a beep signaling when complete.

Ear Thermometer

This is placed in your baby's ear and gives a digital reading after a few seconds. It is quick and accurate, but costs. The ear thermometer produces an instant, accurate reading to within 0.1 deg C on an LCD display.

Want more information?

Raising Children

The Australian Parenting
<http://raisingchildren.net.au/>

Healthdirect

Phone 1800 022 222, 24 hours To speak
to a registered nurse
www.healthdirect.gov.au

Parentline NSW

Phone 1300 1300 52
For advice on child health and parenting
www.parentline.org.au

Local Services

Lismore Community Health - Child and Family

Phone 02 6620 7687
8am – 5:00pm, Monday to Friday to make an
appointment.

Child and Family Health Centre:

Phone 02 6625 0111
9am – 4:30pm, Monday to Friday to make an
appointment.

Parents website

www.parents.com

Kids Health

<http://kidshealth.org>

Department of Health <http://>

www.health.gov.au