



VIRAL UPPER RESPIRATORY INFECTION IN ADULTS AND CHILDREN

GUIDELINE HISTORY

ORIGINAL APPROVAL DATE	09/96
REVIEW/REVISION DATES	08/98, 11/00, 11/02, 10/04, 11/04, 12/06, 01/07, 01/09, 01/11, 1/13, 01/15, 01/17
NEXT REVIEW DATE	01/19

These Guidelines are promulgated by Sentara Health Plans, Inc. (SHP) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHP Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

VIRAL UPPER RESPIRATORY INFECTION IN ADULTS AND CHILDREN

An Upper Respiratory Infection (URI) is an acute infection of the upper respiratory tract which includes the nose, paranasal sinuses, pharynx, larynx, trachea, and bronchi. URI's are often referred to as "the common cold." Rhinitis, sinusitis, epiglottitis, laryngitis, and tracheitis are specific manifestation of URI's.

The most common cause of URI's are viral infections. Some common organisms are rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus, coxsackievirus, and influenza virus. Transmission of these organisms may occur by aerosol, droplet, or direct contact with infectious secretions. Onset of symptoms usually occurs 1-3 days after exposure to the infectious agent.

Nasal congestion, sneezing, cough, and sore throat are the "hallmarks" of the common cold. Fever as high as 101-102 is also common. Symptoms usually last 7-14 days. Other symptoms which are typically seen in children are decreased appetite, lethargy, and a general feeling of illness (malaise). Headaches and body aches may also develop. Infants and young children may appear cranky and uncomfortable.

If the patient is generally healthy, experiencing no emergent symptoms, is greater than 3 months of age, and is not at high risk for complications, it is not necessary to see the physician. Symptomatic treatment directed at relieving symptoms should be initiated. Antibiotics are not necessary to treat viral URI's and may increase the risk of antibiotic resistant infections. Changes in mucous to yellow, thick, or green are the natural course of a viral URI and not an indication for antibiotics.

Frequent handwashing remains the most effective, preventive measure for most URI's. Multivitamins, Vitamin C, Vitamin E, Zinc, and Echinacea are not recommended for prevention of URI's in the general public. Administration of the flu vaccine has shown to reduce respiratory illness by 30-50% and is recommended for greater than 50% of the general population.

Viral Upper Respiratory Infection in Adults & Children

Patient reports some combination of symptoms: sore throat, rhinorrhea, postnasal drainage, cough, fever, hoarseness, laryngitis, and headache

Symptoms of Viral Upper Respiratory Infection:

- General malaise
- Laryngitis
- Injection of the conjunctiva
- Decreased appetite
- Headache
- Irritability
- Elevated temperature
- Yellow or green nasal discharge
- Mild cough
- Nasal congestion
- Sore throat

Does patient have emergent symptoms of symptoms of a serious illness?

- ❖ Bloody sputum
- ❖ Elevated temp > 102
- ❖ Chest pain
- ❖ s/s respiratory distress
- ❖ foreign body inhalation
- ❖ lethargy
- ❖ decreased urinary output
- ❖ stiff neck
- ❖ persistent vomiting
- ❖ petechial or purpuric rash
- ❖ severe headache
- ❖ severe ear pain or drainage from ear
- ❖ inability to swallow with drooling
- ❖ Facial pain/tenderness/swelling

YES

See patient immediately for evaluation

NO

Is patient at high risk for complications? Ex: immunosuppressed, Chronic Illness, Elderly, asthma, Diabetes, CAD, dialysis, pregnant, neuromuscular disorder, on chemotherapy, history of rheumatic fever, symptoms of whooping cough or recent exposure, smoker

YES

See patient immediately for evaluation

NO

Are symptoms suggestive of viral upper respiratory infection?

NO

Evaluate patient for allergic process or bacterial infection

No

Educate on symptom management and call back instructions if greater than 3 months of age

YES

Have symptoms been present > 7 days or worsening?

YES

Evaluate patient for severe viral illness or bacterial infection

Patient Education:

- Educate on prevention , comfort measures, and treatment recommendations
- Educate on proper hand washing and use of hand sanitizers
- Prevent child with viral upper respiratory infection from sharing toys and pacifier with other children. Clean these items with hot soapy water and allow to air dry
- Discourage visitors
- Keep child home from daycare if possible
- To relieve nasal congestion for infants < 3 months, suction gently with a blunt tipped bulb syringe before feedings and sleep. Compress bulb before placing syringe in nares to prevent pushing mucus farther into nasal passage. Wash syringe in hot soapy water when done and allow to air dry.
- A mix of ½ honey and ½ lemon juice can be used to soothe the throat and help loosen thick mucus in the throat in patient's older than 1 year of age. Due to the risk of botulism, this should be avoided in children less than 1 year of age.
- Steam inhalation by standing in a hot shower or sitting in the bathroom when hot shower is running helps with nasal discomfort. Vaporizers and humidifiers are not recommended due to the risk of burns, bacterial growth in improperly cleaned equipment, and mold formation in the home
- Saline nose drops help loosen secretions. Commercial or homemade may be used (1/4 tsp. salt dissolved in 8 ounces warm water distilled or boiled water, discard solution after 48-72 hours)
- Maintain adequate humidity in the home
- Consume extra fluids
- Maintain a nutritious diet
- Elevate head of bed
- Use warm salt water gargles
- Use of hard candy, or throat lozenges for sore throat or cough (not recommended for children 12 and under)
- Get adequate rest
- Take antipyretics and/or analgesics for pain and/or fever. Avoid aspirin in children due to risk of Reye's syndrome
- For adults with a URI, OTC nasal spray and decongestants may provide temporary relief. Persons with hypertension, diabetes, thyroid disease, or are pregnant should check with their physician before using these products.

Call Back Instructions:

- Children 3 months to 18 years of age:
 - Call back if:
 - Fever lasts 4 or more days
 - Symptoms worsen after 3-5 days or if new symptoms appear
 - Symptoms have not improved after 7-10 days (mild cough and congestion may continue 14 days or more)
- Adults:
 - Call back if:
 - Symptoms worsen after 3-5 days, new symptoms develop, or symptoms do not improve after 14 days

REFERENCES
(List is not inclusive)

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