Colds and Flu in Children

**Antibiotics will not help your child’s cold, flu, or chest cold (bronchitis). Antibiotics only kill bacteria—not viruses—and colds and flu are caused by viruses.**

Colds, flu, and chest colds are common in children. Most children get 6 to 10 colds each year. Many begin to feel better within a week, but symptoms can last for up to three weeks.

**Prevention**
To help keep your child healthy:

- **The CDC recommends a flu shot for everyone 6 months and older in your household.** Make sure children get a flu shot every year. Your doctor will tell you if your infant or young child needs a second dose.
- Take extra care to maintain your child’s health during cold and flu season. Complications from colds and flu may be more severe for children with a chronic condition such as asthma or diabetes.
- Teach children to wash their hands often and use alcohol-based hand sanitizing gel.
- Teach children how to sneeze and cough into their elbow instead of their hands, and to keep their hands away from their nose, eyes, and mouth.
- Keep your child away from second-hand smoke.
- Keep childhood vaccinations current.
- Breastfeed your baby to lower the chance of colds and ear infections.

**Home treatment**
Rest, fluids, and time are the best treatments for colds and flu. Yellow or green mucus is common with a cold and does not mean that your child has an infection that requires antibiotics. Be extremely cautious about giving over-the-counter cough and cold medicines to children. Instead, try to:

- Give your child lots of fluids, especially water. Herbal tea and chicken soup are also good.
- Make sure your child gets plenty of rest. Limit activities to quiet ones.
- Give your child lots of love and attention.

**Runny or stuffy nose**

- Raise the head of your child’s crib or bed about three to four inches.
- Use a soft rubber bulb syringe to clear a stuffed nose for an infant or young child. Saline (salt water) nose drops will help loosen the mucus. Place three drops of warm water or saline nose drops in each nostril. After one minute use the rubber bulb syringe to suck out the mucus gently. Before putting the bulb syringe into the child’s nose, squeeze the bulb to push the air out.
- Have your child breathe in cool mist from a humidifier or vaporizer (using plain water only), or run a warm shower with the bathroom door closed, and have your child sit in the bathroom to breathe in the steam.

**Cough**

- Use a humidifier or vaporizer filled with plain water in your child’s room. Do not add medication to the water in the unit.
- Try giving your child a spoonful of honey to help quiet a cough in children older than 1 year. (Caution: Honey may be harmful to young babies, so do not give honey to babies less than 1 year old.)
- **Do not give any cough or cold products to children under 4 years of age.**
- For older children, use cough and cold medicines with caution. These products come in many different strengths. Too much medicine can have serious side effects.

**Sore throat**

- If your child is able, encourage gargling with warm salt water twice a day.
- Make sure your child drinks extra fluids. Water is best.
- For children over 4 years old, offer frozen juice popsicles.
- For children over 6 years old, you can give ice chips or throat lozenges to suck, but beware of choking.
- Give acetaminophen (Tylenol) or ibuprofen (Advil) for pain. Follow all package directions carefully to be sure you are giving your child the correct amount. See the safety tips on the back if your child is younger than 2.

**Fever, headache, and body aches**

- A fever is the body’s normal response to an infection, so fevers are common when a child has a cold or the flu.
- Keep your child’s room comfortably cool and dress the child lightly.
- Sponging is not necessary to reduce fever. It can make your child more uncomfortable.
• Only give over-the-counter fever reducers if your child is uncomfortable. Follow all package directions carefully. See the safety tips on the back if your child is younger than 2.

Call us right away if your baby is 2 months or younger and has a rectal temperature of 100.4°F or higher.

**When is it OK to send my child to daycare or school?**

Children may go to school if they are not contagious, do not have a fever, and their symptoms are mild. If your child feels ill, it is best for him or her to rest at home. Before your child returns, check the school’s or daycare’s guidelines. In general, keep your child at home if he or she:

• Has a contagious condition.
• Requires a lot of one-on-one attention or care from an adult.
• Lacks alertness to learn or play.
• Has a fever. (See the fever guidelines under “When to call Kaiser Permanente.”)

**Is my child eating enough?**

It is normal for a sick child to have a poor appetite. Don’t force your child to eat or stay in bed. Offer your child lots of extra fluids (water, juice) and easy to swallow foods, such as broth, applesauce, jello, oatmeal, or frozen juice bars (for children older than 4 years).

**Safety tips for over-the-counter medicines and young children**

Cough and cold medicines have not been proven to be effective in children and aren’t safe for infants and toddlers. In some cases it’s safe to give your child infant’s/children’s acetaminophen (Tylenol), or ibuprofen (Advil). For discomfort, fever, or pain, children older than 1 month can be given acetaminophen. Children older than 6 months can be given ibuprofen. **Warning:** Do not give aspirin to children or teens under 20 years old.

**Antibiotics**

Antibiotics will not help your child’s cold, flu, or chest cold (bronchitis). Antibiotics only kill bacteria—not viruses—and colds and flu are caused by viruses. Using antibiotics when they are not needed can be harmful. It increases your child’s chances of being infected with bacteria that antibiotics cannot kill.

**When to call Kaiser Permanente**

Normal body temperature can range from 97°F to 100.4°F. A fever is the body’s normal way to fight an infection. Call Kaiser Permanente if:

• A child 2 months or younger has a fever of 100.4°F or higher.
• A child 3 months or older has a fever of 100.4°F or higher and any of the symptoms below:
  – Difficulty breathing (faster/deeper breaths than normal, wheezing, works harder to breathe, etc.)
  – Signs of dehydration (dry mouth, urinating much less than usual, etc.)
  – Unusual behavior (cries or sleeps more than usual, etc.)
  – Purplish rash
  – Severe headache
  – Very sore throat or trouble swallowing
  – A bulging soft spot on his or her head

Call if you have any questions about dosing instructions or are not sure whether to give your child over-the-counter medicines.

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**INFANT/TODDLER PAIN RELIEF DOSAGE**

You may give your infant or toddler acetaminophen or ibuprofen for pain relief if instructed by a medical professional. Carefully follow the dosing instructions on the bottle or package insert. The chart below summarizes the correct dosages for children under 2 years of age. Note that ibuprofen should not be given to children under 6 months.

<table>
<thead>
<tr>
<th>Weight Age</th>
<th>Acetaminophen Every 4-6 Hours</th>
<th>Infants’ Non-Concentrated Liquid with Syringe</th>
<th>Ibuprofen Every 6-8 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-11 lbs</td>
<td>Expired: Discard</td>
<td>1.25 mL (40 mg)</td>
<td>Do not give ibuprofen to infants under 6 months</td>
</tr>
<tr>
<td>12-17 lbs</td>
<td>Expired: Discard</td>
<td>2.5 mL (80 mg)</td>
<td>2.5 mL (80 mg)</td>
</tr>
<tr>
<td>18-23 lbs</td>
<td>Expired: Discard</td>
<td>3.75 mL (120 mg)</td>
<td>3.75 mL (120 mg)</td>
</tr>
</tbody>
</table>

*Concentrated infant acetaminophen drops are no longer for sale. They were discontinued in 2011, but you may still have some at home. This medicine is expired and should be discarded.*

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If you have an emergency medical condition, call 911 or go to the nearest hospital.

An emergency medical condition is (1) a medical or psychiatric condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or body functions or organs; or (2) active labor when there isn’t enough time for safe transfer to a Plan hospital (or designated hospital) before delivery, or if transfer poses a threat to your (or your unborn child’s) health and safety.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your child’s physician or other medical professional. If your child has persistent health problems, or if you have additional questions, please consult with your child’s doctor. If you have questions or need more information about your child’s medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

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Other resources

Kaiser Permanente
kp.org/flu
American Academy of Pediatrics
healthychildren.org
Bright Futures
brightfutures.org

Visit your local Health Education Center or Department for more information.