

COLDS, FLU, COVID-19, AND FEVERS

I. What causes them?

Most of the time viruses. That's why we often recommend waiting it out. As you know, we usually don't treat viruses with medications and antibiotics are never used in the case of a viral illness. The best treatment is plenty of fluids and lots of rest. You can also try to control the temperature with acetaminophen, ibuprofen, or lukewarm soaks.

II. So are you saying we shouldn't worry about fevers?

Again, most of the time no! Fever is the natural response of the body to infections. Our body is known to fight infections better at higher temperatures. But we want to try to control it occasionally so we can evaluate the child. Of note, all kids with fevers have faster heart rates, faster breathing, and act less energetic. It is important to see what they look like when they have cooled off some. Keep in mind that sudden changes in temperature can precipitate febrile seizures, especially in kids less than five years old. For example, submerging a child in cold water would be too quick of a change. We wouldn't want to over-bundle a child, either. Lukewarm baths can be a comfort to a febrile child that does not cause too drastic of a temperature change. Fever reducing medications such as Tylenol or Motrin may be recommended, however, Motrin should not be used in infants under 6 months of age. If you are unsure about your child's dose, please contact our office for a concise dose. Tylenol overdose is a major cause of pediatric liver injury and can be avoided with proper dosing.

III. So when should I worry about a fever?

- In any child less than 3 months of age (rectal temperature greater than 100.4F or 38. OC).
- In any child less than 2 years of age who does not have concurrent symptoms like runny nose, diarrhea, or cough.
- In any child who cannot make eye contact with you and is very somnolent/irritable despite controlling the fever.
- In any child who has an associated rash (that is not obvious to you, like chickenpox).
- In any child who is having difficulty breathing. You can evaluate after bringing the fever down based on how fast they are breathing, how active their chest muscles are (are the bones of the chest and ribs sticking out more than usual) and whether their nostrils are flaring.
- Persistent vomiting
- Neck stiffness, eye pain from light.

- If there is no urine for eight hours or more (generally there should be at least 3 urinations per day).
- If a fever develops one week or more into the illness, or if it breaks and comes back.

IV. But what if my child isn't eating?

Most kids who are sick won't eat until they feel better. Lukewarm baths are an option if unable to keep down antipyretic medications. But they need to drink for two main reasons:

- The body fights infections better when it is well-hydrated (has enough water on board).
- Children with fever lose more water through their skin and increased breathing.

We encourage small frequent sips of water, Pedialyte or Gatorade as needed if struggling to get kids to drink. Popsicles are another kid-friendly way to stay hydrated. However, if hydration status is a concern of yours, please contact our office as dehydration can be severe and require IV fluids. If diarrhea occurs, dehydration risks increase as the child cannot absorb fluids well. In this case, BRAT diet foods are used to bind the stool up. These foods include bananas, rice, apple sauce, and toast.

V. Is milk O.K. for colds?

Yes, it is. It does not increase mucous unless you have a milk allergy. Please avoid milk and milk products if you know there is an allergy on board.

VI. So if my child has a cold without a fever how long should I wait to be seen?

About 1 ½ -2 weeks, or sooner if he/she is complaining of ear pain. If a possible COVID exposure occurred, we are typically able to accommodate same-day or next-day COVID testing appointments. We offer drive-by and outdoor testing for our patients. **All patients with a pending COVID test will be asked to remain outside until their result returns to avoid exposing other patients and medical staff.** If you or your child have been exposed to COVID prior to an appointment, please notify our staff so we may either test or reschedule accordingly. If you are testing before an appointment, please arrive early as you will have to wait before being allowed into the office. We also offer telehealth visits for those with confirmed COVID with non-urgent concerns.

VII. How come my child is always sick?

Preschoolers get 9-15 colds, on average, every year. They are spread through respiratory droplets or most commonly dirty hands in eyes, nose, and mouth. Frequent handwashing, social distancing, and masking have helped minimize viral illnesses throughout the COVID pandemic. We encourage seasonal influenza and COVID vaccinations to prevent infections and minimize severity of illness. As per the CDC, seasonal flu vaccines minimize risk of severe flu illness by 78%. In addition, the Pfizer COVID vaccine is 95% effective in preventing COVID infection in fully vaccinated individuals. Infants are eligible for their first flu vaccine once they are 6 months old. Patients under 9 that receive their first flu vaccine are recommended to receive two doses in their first season, separated by 1 month. After this period, they are recommended once per flu season. COVID vaccines are recommended for anyone 5 and older. In our office, we only carry Pfizer as this is the only one under Emergency Use Authorization for pediatric use. The Pfizer vaccine is a two-dose series separated by 21-42 days. Those 12 and older are eligible for booster vaccines 5 months after completing their primary series. No one should receive a bill for COVID vaccines from our office and all are eligible if they meet the age requirement.

VIII. What is the treatment for ear infections?

The recommendations have changed from a few years ago. Now many doctors are waiting 2-3 days to treat ear infections with antibiotics, because more than $\frac{3}{4}$ of them resolve on their own. We also may treat them for a shorter time frame. Fully vaccinated children have lower incidence of ear infections which results in less antibiotic use as well. If your child has frequent ear infections and is under-immunized, it is highly recommended to complete their eligible vaccines.

IX. What if my child doesn't fit the red flag categories, but I still want to be seen?

That is perfectly fine. You can always call us with your questions or make an appointment to be seen. We encouraged our parents to trust their intuition as you know your child best.