## VIRAL UPPER RESPIRATORY INFECTION

<table>
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<th>DEFINITION</th>
<th>Viral upper respiratory infections include viral rhinitis, pharyngitis and laryngitis. Diagnosis is by exclusion of bacterial causes and treatment is symptomatic.</th>
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<td>OBJECTIVE</td>
<td>Must include: 1. Normal lung sounds. 2. Normal ear exam. 3. Normal sinus evaluation. May include: 1. Fever of 100.4º F or less. 2. Erythematous throat without exudate. 3. Mild cervical lymphadenopathy. 4. Mucoid rhinorrhea with red boggy mucosa. 5. Mild conjunctival erythema or edema. 6. Cobblestoning in posterior pharynx (suggestive of postnasal drip).</td>
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<td>LABORATORY</td>
<td>May include throat culture and sensitivity to rule out Group A beta-hemolytic streptococcal infection if exudate is apparent.</td>
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<td>ASSESSMENT</td>
<td>Viral upper respiratory infection.</td>
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<td>PLAN</td>
<td>If indicated: 1. Explain that treatment is aimed at relieving symptoms. Symptoms will ultimately resolve with time. a. Increase fluid intake to 8 oz. every 1 to 2 hours. b. Gargle with warm salt water (1 tsp. salt in 8 oz. water, especially if postnasal drip). c. Use of zinc lozenges containing at least 75 mg. starting within 24 hours of symptom onset may reduce duration and severity of common cold in healthy persons. 2. For congestion: a. Moist vaporized air nightly or as needed may be helpful. Studies show conflicting results about efficacy of steam to reduce symptoms. b. Pseudoephedrine 60 mg orally every 4 to 6 hours) (OTC). (DO NOT USE IN PATIENTS WITH HYPERTENSION.) OR c. Loratadine 10 mg orally daily for hypertensive patients (OTC). d. Saline nasal irrigation may speed relief from symptoms (ie: neti pot). 3. For myalgia or fever: Aspirin or buffered aspirin 300 mg 2 tabs orally every 6 hours or Ibuprofen 200 mg 1-2 tab orally every 4-6 hours, or Acetaminophen 300 mg 1 tab every 4-6 hours for myalgia. Use non ASA therapies for fevers. NSAIDs improve symptoms of headache, ear pain, muscle and joint pain, but not cough, nasal discharge or throat irritation. (Do not use NSAIDs if patient has gastric ulcers, asthma or renal compromise). 4. For cough: Guaifenesin, 100-400 mg orally every 4 hours (usually 100 mg/5mL) (e.g. Robitussin-plain, 1 tsp. orally 4 times a day as needed for cough).</td>
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### PLAN (Continued)

5. Discontinue smoking.

### ALTERNATE TREATMENT IF PREGNANT

1. Acetaminophen 300 mg. 1-2 tablets orally every 4 to 6 hours as an alternative to aspirin, buffered aspirin or ibuprofen.
2. Other treatments listed above remain the same.

### PATIENT EDUCATION

1. Advise patient that symptoms of upper respiratory infection usually last 3 to 7 days.
2. Advise that antibiotics are of no use in treatment of a cold in immunocompetent people, because this is a viral infection. Patients treated with antibiotics recover no faster than those who are treated with placebo pills. Older, frail patients with CHF, diabetes, or corticosteroid use may need antibiotic therapy to reduce risks of secondary bacterial infection.
3. Advise patient that certain preparations of Echinacea based on the aerial parts of *Purpurea* might be effective for early treatment of cold symptoms, but preparations available OTC vary greatly and so do study results.
4. Chinese herbal medicines may shorten symptomatic phase, but evidence supporting their use is weak.
5. Recommend that patient notify clinic if any of the following symptoms occur:
   a. Increased temperature >100.4° F.
   b. Increased pain in throat with white or yellow spots on the tonsils or other parts of throat.
   c. Cough that develops thick yellow, green, or grey sputum (phlegm).
   d. Chills.
   e. Chest pain.
   f. Shortness of breath.
   g. Earache.
   h. Pain in teeth or over sinuses.
   i. Skin rash.
6. Counsel regarding preventive measures.
   a. Handwashing is the most effective preventive measure.
   b. Covering coughs with inner aspect of arm is better than with hand.
   c. Garlic supplement may reduce recurrence rates of URIs.
7. Advise patient to RTC only if symptoms do not resolve within 7 days.

### REFER to MD/ER

1. Persistent or recurrent episodes of upper respiratory infection.
2. Any upper respiratory infection lasting more than 7 days.
3. Fever over 100.4° F.
4. Erythematous throat with exudate.
5. Presence of productive cough with colored sputum or abnormal lung sounds.
6. Chest pain or shortness of breath.
7. Asthmatic patients or patients with significant chronic disease.
8. Pain with palpation or percussion of sinuses or abnormal transillumination of sinuses.
9. Disseminated macular rash.
10. Streptococcal infections which need antibiotics to prevent sequelae of rheumatic heart disease and glomerulonephritis.

### REFERENCES

5. Kim SY, Chang YJ, Cho HM, Hwang YW, Moon YS. Non-steroidal anti-inflammatory drugs
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