

Common Cold Self Care

The “common cold” is inflammation of the upper respiratory tract caused a variety of different viruses. **Antibiotics do not cure viral infections** and, in fact, may be harmful if given when not needed.

Most colds last for 7 – 10 days, but symptoms may last in diminishing severity for 3 to 4 weeks.

Cold viruses are spread from person to person through coughs, sneezes, and mucus on a people’s hands. Washing your hands or using hand sanitizers frequently will reduce your chances of getting a cold.

Call the advice nurse at (814) 863-4463 if any of the following happens:

- **Temperature over 102 degrees F persists**
- **Severe headache**
- **Increased facial swelling**
- **Very large neck glands**
- **Painful joints**
- **Skin rash**
- **Chest pain**
- **Shortness of breath**
- **Difficulty swallowing own saliva**
- **Persistent vomiting**
- **Blurred vision**
- **Persistent greenish nasal discharge**
- **Foul odor to breath**



If nasal symptoms, facial pressure, and cough are no better or worse after 1 – 2 weeks, consider contacting University Health Services to be evaluated for possible bacterial complications of the cold.

Over-the-counter medications may help you feel better while your body’s own defenses are combating the virus.

If you have fever . . .

Normal body temperature is thought to range from 97° - 100° F. Since a fever is one of your body’s natural healing mechanisms, you may not want to reduce it unless you are uncomfortable or it is too high.

- Drink plenty of fluids (water, fruit juice, soup, etc.) every few hours to replace fluids lost.**
- Take ibuprofen (Advil®), naproxen (Aleve) or acetaminophen (Tylenol®) as directed on the package.**

If you have nasal congestion . . .

Nasal congestion has many causes: a cold, the flu, other infections, or an allergy to food, chemicals, or other substances like pollen or dust. If your nasal congestion is caused by allergies, try one of the newer non-sedating antihistamines (see details box). If from a common cold . . .

- Use salt water nasal irrigation** (see details box).
- Take an antihistamine (1st generation) at bedtime** to dry secretions and aid sleep (see details box).
- Take a decongestant containing pseudoephedrine** (see details box).
- Consider use of nasal decongestant spray containing oxymethazoline for a very limited period of time** (see details box next page).

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Continued

If you have a cough . . .

Coughing is your body's way of trying to clear the airways of mucus and infection. It is important to determine if your cough is caused by an infection, an allergy, or an irritant.

- Take a hot shower** to loosen congestion and thin mucus.
- Suck on cough drops** to soothe an irritated throat.
- Take a 1st generation antihistamine at bedtime** to dry secretions, suppress cough and aid sleep. (see details box)
- Consider adding a cough suppressant containing dextromethorphan.**

If you have a sore throat . . .

The two main causes for the common sore throat are viruses and bacteria. Only sore throats caused by bacterial infections can be treated with antibiotics. **Typical symptoms for bacterial sore throat include a sore throat that persists for three to four days, a fever of 101° or higher, swollen glands in the neck, and white patches on the tonsils or the back of the throat.**

- Suck on cough drops or lozenges** medicated with menthol, benzocaine, or camphor. (Examples that contain benzocaine include Sucrets or Chloraseptic)
- Take ibuprofen (Advil®) or acetaminophen (Tylenol®) or naproxen (Aleve®) as directed. DO NOT USE ASPIRIN.**

IMPORTANT CAUTION: Most cold and flu preparations contain a combination of ingredients, so it is important to read the labels of each product. Sometimes, if you take more than one product, you may be getting a double dose of an active ingredient and/or not getting enough of another.

Test Results and Advice Nurse

Please call the nurse for test results and advice: 863-4463

Appointments

Appointments can be made online via the UHS website, by phone or in person. If you are unable to keep your appointment, please call and cancel. Otherwise you will be charged for the visit.

To schedule or cancel appointments call 863-0774 or schedule your appointment online through the UHS website

This content is reviewed periodically and is subject to change as new health information becomes available. This information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

MEDICATION DETAILS BOX

SALT WATER NASAL IRRIGATION

Various saline nasal sprays and nasal saline rinse kits are available commercially or you can make your own saline by mixing ½ teaspoon of salt and 8 ounces of warm water in a clean container. Place the above mixture in a reusable sinus rinse bottle or draw up into a nasal bulb syringe. The most convenient way to perform a sinus rinse is in the shower or over a sink.

ANTIHISTAMINE (1st generation)

These medications are available without a prescription and include brompheniramine (generic for DimeTapp), chlorpheniramine (generic for Chlor-Trimeton and Singlet), diphenhydramine (generic for Benadryl), or doxylamine (generic for NyQuil).

ANTIHISTAMINES (newer non-sedating) These antihistamines can be used to treat allergies, but do not have the same degree of effectiveness for treating colds. Examples include loratadine (Claritin), cetirizine (Zyrtec) and fexofenadine (Allegra).

DECONGESTANT (pseudoephedrine)

Decongestants purchased off the shelf contain phenylephrine and are much less effective. You must ask the pharmacist for **pseudoephedrine** (regulated because of illegal use to make methamphetamine), although no prescription is required. Oral decongestants may produce rapid heart rate, blood pressure elevation, nervous stimulation, and restlessness which may interfere with sleep.

OXYMETAZOLINE NASAL SPRAY

Oxymetazoline nasal spray (generic Afrin) can rapidly relieve nasal obstruction, however, when the decongestant effect of the drug wears off, nasal obstruction rapidly returns. Therefore, this can be very effective, but limit use to 3 days (if used twice daily) or 5-6 nights (if only used at bedtime). Overuse by just a few days can result in "rebound" obstruction and mucosal damage.