

Provide Nutrition

Loss of appetite is characteristic of children with acute infections. In most cases, children can be permitted to determine their own need for food. Many children show no decrease in appetite, and others respond well to foods such as gelatin, popsicles, and soup (see [Feeding the Sick Child, Chapter 20](#)). Urging foods for children who are sick may precipitate nausea and vomiting and cause an aversion to feeding that may extend into the convalescent period and beyond.

Provide Family Support and Home Care

Young children with respiratory tract infections may be irritable and difficult to comfort; therefore, the family needs support, encouragement, and practical suggestions concerning comfort measures and administration of medication. In addition to antipyretics and nose drops, the child may require antibiotic therapy. Parents of children receiving oral antibiotics must understand the importance of regular administration and of continuing the drug for the prescribed length of time regardless of whether the child appears ill. Parents are cautioned against giving their children any medications that are not approved by the health practitioner and are cautioned to avoid giving antibiotics left over from a previous illness or prescribed for another child.

Administering unprescribed antibiotics can produce serious side effects and adverse reactions (see [Chapter 20](#) for administration of medications and family teaching).

Upper Respiratory Tract Infections

Acute Viral Nasopharyngitis

Acute nasopharyngitis, or the equivalent of the “common cold,” is caused by the rhinoviruses, RSV, adenoviruses, enteroviruses, influenza virus, and parainfluenza virus. Symptoms are more severe in infants and children than in adults. Fever is common in young children, and older children have low-grade fevers, which appear early in the course of the illness. Other clinical manifestations are listed in [Box 21-3](#). Symptoms typically last 4 to