

occurs infrequently. Interventions delivered at home are usually sufficient to relieve minor discomfort and ease respiratory efforts. However, in some cases, the infant or child may require hospitalization for close observation and therapy.

Warm or cool mist is a common therapeutic measure for symptomatic relief of respiratory discomfort. The moisture soothes inflamed membranes and is beneficial when there is hoarseness or laryngeal involvement. Mist tents have been used in the hospital for humidifying the air and relieving discomfort. The use of steam vaporizers in the home is often discouraged because of the hazards related to their use and limited evidence to support their efficacy (Umoren, Odey, and Meremikwu, 2011).

A time-honored method (albeit not evidence based) of producing steam is the shower. Running a shower of hot water into the empty bathtub or open shower stall with the bathroom door closed produces a quick source of steam. Keeping a child in this environment for approximately 10 to 15 minutes humidifies inspired air and can help relieve symptoms. A small child can be held on the lap of a parent or other adult. Older children can sit in the bathroom under the supervision of an adult. The use of kettles or bowls of boiling water are strongly discouraged due to the risk of accidental scalding.

## **Promote Comfort**

Older children are usually able to manage nasal secretions with little difficulty. For very young infants who normally breathe through their noses, an infant nasal aspirator or a bulb syringe is helpful in removing nasal secretions, especially before being sleep and before feeding. This practice, preceded by instillation of saline nose drops, may clear nasal passages and promote feeding. Saline nose drops can be prepared at home by dissolving  $\frac{1}{2}$ –1 tsp of salt in 1 cup of warm water. Two to three drops of saline can be put into the nostril and a bulb syringe can be used to suction it out (Korioth, 2011).

For children 2 to 12 years old who can tolerate decongestants, vasoconstrictive nose drops may be administered every 4 hours as needed. Oxymetazoline 0.05% (for children older than 6 years old) or phenylephrine 0.25%, are sometimes prescribed. Bottles of nose drops should be used for only one child and one illness, because