

analgesic is often sufficient to relieve the headache, fever, and malaise. Rest is encouraged for fatigue but is not imposed for any specific period. Affected persons should regulate activities according to their own tolerance unless complicating factors are present. Contact sports are discouraged in the presence of splenomegaly.

Antibiotics are contraindicated unless beta-hemolytic streptococci are present (amoxicillin or ampicillin can cause a rash in patients with EBV infection). If sore throat is severe, effective therapies include gargles, warm drinks, anesthetic troches, or analgesics, including opioids. Corticosteroids have been used to treat respiratory distress from significant tonsillar inflammation, myocarditis, hemolytic anemia, thrombocytopenia, and neurologic complications; however, routine use of steroids is not recommended ([American Academy of Pediatrics Committee on Infectious Diseases and Pickering, 2012](#)).

Prognosis

The course of this disease is usually self-limiting and uncomplicated. Acute symptoms often disappear within 7 to 10 days, and persistent fatigue subsides within 2 to 4 weeks. Some adolescents may need to restrict their activities for 2 to 3 months, but the disease rarely extends for longer periods. The child is encouraged to maintain limited exercise to prevent deconditioning.

Nursing Care Management

Direct nursing responsibilities toward providing comfort measures to relieve symptoms. The child is advised to limit exposure to persons outside the family, especially during the acute phase of illness. Throat pain may be severe enough to require an analgesic, such as acetaminophen or ibuprofen. Careful nursing assessment of swallowing ability is essential to detect serious airway edema and airway compromise.

Nursing Alert

Advise the family to seek medical evaluation of the child or adolescent if: