# Upper respiratory tract infections

## *Executive summary*

## Introduction

Upper respiratory tract infections (URTIs) are very common in both adults and children. Most URTIs are caused by viruses and are self-limiting. Antibiotic treatment is avoided or delayed. The common cold is the most common of these and affects the nasopharyngeal mucosa. It is contagious and is spread by airborne droplets.

In some cases, antibiotic treatment is required to avoid complications. The following subgroups can be considered for an immediate antibiotic prescribing strategy:

* bilateral acute otitis media in children younger than 2 years
* acute otitis media in children with otorrhoea
* acute sore throat/acute pharyngitis/acute tonsillitis under certain circumstances
* epiglottitis

The routine practice of prescribing antihistamines and steroids (except in croup) in URTIs is not found to change the disease cause and thus should be avoided.

## Target users

* Nurses
* Doctors

## Target area of use

* Gate clinic
* Outpatient department
* Ward

## Key areas of focus / New additions / Changes

This guideline primarily addresses the diagnosis of the common cold and other viral URTIs. The following topics are addressed in the following guidelines:

1. Sinusitis MeG-CLS-062
2. Tonsillitis and pharyngitis MeG-CLS-024
3. Acute otitis media MeG-CLS-023
4. Laryngotracheobronchitis (croup) MeG-CLS-059
5. Epiglottis MeG-CLS-063
6. Bronchiolitis

## Limitations

None

## Presenting symptoms and signs

* Nasal discharge
* Nasal obstruction
* Sneezing
* Sore throat
* Cough
* Slight fever
* Myalgia and headache may be present

## Examination findings

## Low grade fever

## Runny nose

## Cervical lymph nodes may be mildly inflamed

## Management

* Encourage lots of oral fluids and bed rest usually suffice.
* Paracetamol oral
  + Adults: 1 g QDS
  + Children: 10-15 mg/kg/dose TDS/QDS
* Ibuprofen, oral,
  + Adults: 200-400 mg TDS
  + Children: 50-100 mg TDS
* Saline nasal drops: 2 drops into each nostril, to relieve congestion as required

Note: symptoms resolve without antibiotic treatment within 2 weeks. If the “cold” lasts longer and there is persistent fever and cough associated with offensive nasal discharge, there is a possibility of secondary bacterial infection of the respiratory tract or influenza. In children, the common cold may be complicated by suppurative otitis media or acute bacterial rhinosinusitis.

## Key Issues for Nursing care

Restriction of activities to avoid infecting others, along with good hand washing, are the best measures to prevent spread of the disease.

### When to refer to a Doctor

Refer patients with:

* Symptoms persisting beyond 2 weeks
* Symptoms not resolving with treatment
* Bilateral ear discharge
* Drooling of saliva and unable to swallow food or drinks
* Fast breathing
* Chest indrawing
* Persistent cough beyond 2 weeks
* Coughing up blood (hemoptysis)
* Stridor at rest
* Immunocompromised state
* Neonates

## References

Colledge, Nicki R., Brian R. Walker, Stuart Ralston, and Stanley Davidson. 2010. Davidson's principles and practice of medicine. Edinburgh: Churchill Livingstone/Elsevier.

Kliegman, Robert., et al. Nelson Textbook of Pediatrics. Edition 20. Philadelphia, PA: Elsevier, 2016.

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