



# The Corner

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## 33. Common cold: outpatient visit

**Doctor:** Good afternoon, Mrs. Parker. What brings you here with Tim?

**Mother:** Good afternoon Dr. Pearson. I've brought Tim because he has a runny nose and has been coughing for three days now. He has also vomited a couple of times with a lot of phlegm. He's fussy and he's not sleeping well.

**Doctor:** OK Mrs. Parker. If I remember correctly Tim is around one year and a half and is a healthy boy with no relevant medical history. Is this right?

**Mother:** Yes, that's right.

**Doctor:** Has he also had fever? Any shortness of breath or difficulty breathing? How has been eating? Has he been peeing normally?

**Mother:** His maximum temperature has been 37.3°C. I haven't noticed shortness of breath or difficulty breathing. He hasn't been eating very well but he drinks a lot of milk and water, so he has been peeing quite a lot.

**Doctor:** Does Tim have any other symptoms? Any diarrhea?

**Mother:** No, he doesn't have any other symptoms.

**Doctor:** Is anyone else sick at home? Does Tim go to nursery school?

**Mother:** No, at the moment the rest of us are fine, and yes, Tim goes to nursery school.

**Doctor:** OK, let's take a look at Tim.

### PHYSICAL EXAMINATION

Temperature: 36.8°C. O<sub>2</sub> sat 98 %. Respiratory rate: 36 bpm. Heart rate: 118 bpm.

Good general condition. Well-nourished and hydrated. Capillary refill time: 2 seconds. No difficulty breathing. Normal cardiac auscultation. Pulmonary auscultation: normal ventilation with transmitted upper airway sounds, no other pathologic findings. HEENT: head ears nose and throat examination. hyperemic oropharynx without exudates, mucus in cavum, nasal congestion and white mucus discharge. Normal tympanic membranes. Left anterior cervical adenopathy. Normal abdomen.

**Mother:** I'm worried because I've heard in the news about the peak of bronchiolitis affecting children under two years of age.

**Doctor:** It seems Tim has a common cold, which is an upper airway viral infection, typical of children his age who attend nursery school. It lasts around a week, although it can last up to two weeks. At the moment his lungs are fine and there is no sign of bronchiolitis (his O<sub>2</sub>sat is normal, he doesn't

have any difficulty breathing and there are no pathologic pulmonary sounds).

**Mother:** OK. Does he need any medications?

**Doctor:** Cough and cold medicines are not safe for young children because of all the potential side effects. They are also unlikely to help. Instead of medicines, you can try encouraging Tim to drink lots of fluids, using a humidifier, or nasal saline irrigations. For children older than one year, honey has been shown to help with coughing, so you can try giving him some before sleep. Do you know how to do nasal saline irrigations, or do you want me to call the nurse to show you?

**Mother:** Unfortunately, I have had to rinse Tim's nose with saline plenty of times already, but thank you very much. What if he gets a fever or his snot changes colour?

**Doctor:** Fever is not uncommon in upper airway infections. He can have fever up to five days. As to the colour of the snot, it will likely change to yellow and green which means that the body is mounting defences against the infection.

**Mother:** Alright. Thank you for the explanation. When should I worry?

**Doctor:** You should come back if Tim has fever for more than five days, trouble breathing or bad general condition. He may have decreased appetite and a few vomits because of the cough and phlegm, but you should make sure that he drinks enough; if he starts rejecting all solids and liquids or has persistent vomiting you should also come.

**Mother:** OK. Thank you Dr. Pearson.

### KEY WORDS

Common cold: resfriado común.

Phlegm: flema.

Peeing (to pee): orinar.

White mucus discharge: rinorrea blanca.

Peak of: pico de.

Side effects: efectos secundarios.

Humidifier: humidificador.

Nasal saline irrigations: lavados nasales con suero salino fisiológico.

Snot: moco.

Mounting defences: desarrollando defensas.

Decreased appetite: apetito disminuido.

Rejecting (to reject): rechazar.



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