

# Upper Respiratory Infection (the common cold)

Brown Health Services Patient Education Series

---

The common cold is an inflammation of the upper respiratory tract most often caused by one of the more than 100 types of rhinovirus. People may get multiple colds throughout their lifetimes, generally with a different rhinovirus causing a similar cluster of cold symptoms. Colds typically last 3-7 days but it is not uncommon for some symptoms to persist up to 2 weeks. A cold is different from “the flu” which is caused by influenza virus and is associated with high fever and more severe symptoms.

## What are the symptoms?

- Runny or stuffy nose
- Sore or scratchy throat (often occurs early on, then fades)
- Hoarseness/headaches and muscle aches
- Blocked/popping feeling in ears
- Cough (often occurs 4-5 days into cold)
- Postnasal drip
- Watery eyes
- Decreased appetite
- Fatigue/malaise
- Low grade fever

## How do you catch a cold?

People with colds carry viral particles on their hands for a couple of hours after touching their own noses. They can transmit the cold virus to another by direct contact (handshake) or by contaminated surfaces that others touch and then spread to their

own noses, mouths, or eyes. Viral particles can also be spread when cold sufferers sneeze, cough, or just exhale. Colds are not caused by cold temperatures, but some cold viruses are acquired more often in the fall and spring, others in the winter, and still others are responsible for most colds during the summer. It is not uncommon for adults to have 2-3 colds per year, and children 5-7. Not everyone who is exposed to a cold virus catches a cold. Your body may have previously developed immunity to a particular rhinovirus. Other factors are age, general health, smoking, lack of sleep, and intensity and duration of the exposure. It has not been proven that stress suppresses your body’s natural immunity, but research has linked psychological stress to a greater incidence of colds.

## What is the treatment?

There is no cure for the common cold. Antibiotics, which are only effective against bacteria, are not necessary or curative for cold or flu viruses. In fact, overuse of antibiotics for colds can lead to bacteria developing resistance to antibiotics. Most treatments for colds are for symptom relief, but cannot shorten or cure the cold. The symptoms of colds are self-limited - they will go away over time, even with no treatment.

- Fluids – keep well hydrated, a minimum of 8 glasses of water daily is reasonable.

---

Brown Health Services Patient Education Series: Upper Respiratory Infection

[www.brown.edu/health](http://www.brown.edu/health) 401-863-3953

(last updated 3/20)

- Rest – try to get at least 8 hours of sleep daily – “baby yourself” with extra rest if possible.
- Stop smoking – smokers catch more colds, recover from them more slowly, and are more prone to complications.
- Lozenges/cough drops/sore throat sprays – there are many brands, some with “pain numbing” features, but even hard candy can provide some coating, soothing action.
- Humidifying the air – steam in the form of hot showers, a wet towel hung in the room, a pan of water on the radiator, or best yet, a vaporizer/ humidifier in your room can help congestion symptoms.

### ***For nasal/sinus congestion and post nasal drip***

- Daytime: try pseudoephedrine (eg, Sudogest/ Sudafed) following package directions. This decongestant pill is the most effective oral decongestant, but it must be requested at stores as it is kept “behind the counter” rather than out on the shelf. Don’t take it near bedtime as some people are kept awake by it.
- At bedtime: try decongestant/antihistamine combination (eg, Aprodine/Actifed per directions), which is less likely to interfere with sleep. This is also kept “behind the counter”. Antihistamine products used alone for cold symptoms are less helpful for most people because of drying or sedating side effects.
- Day or night: decongestant nasal sprays (eg, Afrin or generic equivalent, per package directions) can also be very effective for nasal and sinus congestion, but only for 3 days; after that some rebound congestion can occur.
- Saline irrigation: try a Neti Pot or other sinus irrigation system (eg, McNeil Sinus Rinse) per product instructions, to clear your sinuses and posterior throat of mucus,

by rinsing them out with saline solution. Especially for individuals prone to developing sinus infections after a cold, this may be a very helpful technique.

### ***For fever, body aches, headache, sore throat***

Acetaminophen (Tylenol) regular strength 325 mg tabs – 2 tabs every 4-6 hours as needed. (Do not take more than 3250 mg of regular strength daily.)

OR

Acetaminophen (Tylenol) extra strength 500 mg tabs 2 tabs every 6-8 hours as needed. (Do not take more than 3000 mg extra strength daily.)

OR

Ibuprofen (Advil, Motrin, Nuprin eg) over the counter strength – 200 mg tabs – 2 tabs every 4 hours as needed with food, or 3 tabs every 6-8 hours with food

OR as directed by your provider.

(Do not take more than 2400 mg ibuprofen daily.)

Some over-the-counter cold products contain acetaminophen or ibuprofen in combination with other products, so be careful to read labels to avoid excessive doses. Similarly, read labels to make sure you know whether you are taking regular or extra strength acetaminophen, as this medicine is toxic at excessive doses.

### ***For cough***

There is debate among experts about the usefulness of cough suppressants and expectorants for cough that comes along with a cold. Generally, a wet productive cough that produces mucus is good as it clears secretions. If your cough disturbs your sleep,

try a hot drink, elevating your head a little on pillows, and humidifying your room.

An OTC cough medicine with dextromethorphan (“DM”) (eg, Robitussin DM or generic equivalent, per package directions) may help some people who have bothersome dry, spasmodic cough.

Guaifenesin (eg, Mucinex, per package directions), an expectorant, is available either by itself or as a common ingredient in cough/cold OTC remedies; some people find this product helps to thin and mobilize mucus.

See your provider if your cough is worsening, keeps you up without relief, or is associated with wheezing or shortness of breath. Other prescription medicine may be indicated.

### **Other**

Zinc lozenges, Vitamin C, herbal products such as Echinacea are advertised to treat or prevent colds. While none are likely to cause harm, none have been consistently effective in clinical trials.

### **How do I prevent a cold?**

- Hand washing with soap and water or alcohol-based hand cleaners
- Wash hands after touching communal surfaces, and before touching your own eyes, nose, mouth.
- Don’t share eating and drinking utensils.

If you have a cold, sneeze or cough into your crooked elbow to contain the spread of viral particles and/or use tissues which should be promptly disposed of, and hands washed.

### **When should I see a medical provider about my cold?**

Most colds are self-limited and even if some symptoms last up to 2 weeks, there is some

improvement gradually over time. Less commonly, some cold viruses can suppress the immune response and secondary infection with a new virus or bacteria may occur, usually after the cold has been lingering for some time. Examples of such complications of colds include sinus infection, bronchitis, pneumonia, ear infection. Of note is that the appearance of thick yellow-green nasal discharge is a normal phase of the common cold and in and of itself does not suggest that a cold has developed into a sinus infection. Also, most people will have some pain/pressure in the face in the first 4-5 days of a cold. It should resolve as the cold improves.

Regarding fevers, for adults/young adults, only a temperature over 99.6 is considered a fever, even in people whose usual temperature falls below 98.6 (a normal finding). Low-grade fevers associated with familiar symptoms of a cold are usually not concerning, and are often lower in the morning, creeping up in the afternoon.

### **See your medical provider if you experience:**

- Fever of 100 for over 3 days, especially with a very sore throat
- Fever of 101 or more at any time
- Neck pain or stiffness
- Severe pain in chest, face, head, ears, throat
- Wheezing or shortness of breath
- Cold symptoms lasting over 2 weeks, which steadily become worse instead of improving
- Painful swelling of neck glands
- White patches on your throat or tonsils
- Exacerbation of asthma symptoms
- If you catch a cold but also have a serious chronic illness or immunosuppression