

Cold



Your child has a cold. Here are some things you can do at home to help your child feel better:

- Have your child drink at least eight glasses (8 ounces each) of liquids daily. Water or fruit juices, such as apple or grape are good choices. Warm broth/soup is also good because it may help make the mucous thinner. Do not be concerned if your child does not feel like eating for one to two days. Liquids are more important when your child is sick.
- Salt water (saline) nose drops may be helpful for a stuffy nose, especially before meals or at bedtime. Salt water drops are made by mixing ¼ teaspoon of salt in a cup of warm water. Use two or three drops in each side of the nose. Prepare a new mixture every day, as "germs" will grow in the old mixture.

Do NOT give your child aspirin. Children sometimes get very sick when they have a virus and take aspirin.

- Acetaminophen (such as Tylenol™, Tempra™, or generic brands) or Ibuprofen (such as Advil™, Motrin™, or generic brands) may help your child

feel better if he or she has a headache, sore throat or fever. Follow the directions on the medicine label for how much medicine to give and how often it can be given.

- If your child does not feel better in five to seven days, or if your child's temperature reaches greater than or equal to 101° F by mouth or 100° F under the arm, take your child to see a doctor or nurse practitioner.
- Keep your child home from school if he or she has a fever of reaches greater than or equal to 101° F by mouth or 100° F under the arm until the fever has been gone for 24 hours without the use of fever-reducing medicines.

Brand names used in this document are only meant to be examples. SC DHEC does not endorse any of the brand names in this document.

For additional information about exclusion when a child has symptoms of a cold, see information about fever and flu-like illnesses in the DHEC Child Care and School Exclusion Lists of Contagious or Communicable Diseases at <http://www.scdhec.gov/health/disease/exclusion.htm>

Child's Name _____

School Nurse _____

Date _____

School _____

School Phone Number (_____) _____



www.scdhec.gov/health/disease/exclusion.htm