

## Section 10:

### Follow The Yellow Pus Road

#### *Off To The Doctor We Go???*

It can be difficult to decipher when a cold is just a cold and when your baby may need to see the doctor. Although babies cannot tell you what hurts, often certain clues can help guide you. However, if you are not comfortable with how your child is looking or acting, then you should seek face-to-face guidance with your pediatrician.

#### *Thrush Little Baby Don't You Cry: White Spots In Mouth*

Thrush rarely causes any major discomfort in infants, however if extensive, may cause some burning or itching and some irritability or changes in feeding. Yeast is everywhere! When it over-grows it can produce red rashes or white patches on the inside of the mouth and tongue, called thrush. Usually infants contract thrush from the nipples from which they feed or pacifiers, or from secondary contamination from a yeast diaper rash. So make sure nipples are cleaned off well, make sure mom is treated if infected, and that the diaper area is being treated with a yeast cream. Treating baby's thrush is not an urgent issue, especially if it is not bothering him. There are some over-the-counter herbal remedies, including gentian violet that can treat both mom and baby effectively. Make sure to use as directed. Your doctor can also prescribe some medicines that may help.

#### *A Booger Runs Through It*

A drippy nose can be difficult to keep dry. Babies average 8-10 colds (which usually start with a runny nose) a year! Sometimes this feels like one continuous leak. It's difficult to tell when one cold began and another one started. Sometimes two colds may be separated by only a few days. Colds are almost always started by an infection with a virus. There are no antibiotics for viruses.

It does not matter, really, what color it is. It can be the first day of a cold, and when exposed to air for a long enough time, any discharge from the nose can begin to look thick, yellow or green. What is most important is the duration. If your baby has had a runny nose every day for 10-14 days (without a dry day in between), you may want to have your pediatrician take a look. If baby has started to get unusually fussy, a fever, or a decrease in appetite or urine output, your doctor will want to see baby sooner.

There are really no medicines that effectively help with a runny nose in infants. A nasal aspirator (bulb suction device that you got in the hospital) may help if baby seems to be having a hard time lying flat or feeding due to the mucus. If the nose is crusty, you can try some saline nose spray to dislodge the mucus. Suctioning may be especially helpful before feeding and sleep.

Babies can have nasal congestion that interferes with eating or sleeping. Try getting him to calm down. Baby eucalyptus vapor rub, when applied to the chest may help. A humidifier and possibly mentholated room vapor is worth a try.

### *A Frog In My Throat*

Babies will constantly put their hands in their mouths. Not only does this help explain why they get so many colds, but it can also be a symptom of one. Sometimes the mucus draining down the back of the throat may make the throat look red. I imagine that a baby must get a sore throat at the beginning of a cold, just like adults do. Strep throat is rare in children less than 1 year. Even if it occurs, the body will fight it off without any long lasting effects. Strep throat also rarely has significant cough and cold symptoms with it. It is not urgent to have her seen by the doctor. However, if there is a fever or decreased eating, you may want to give her doctor a call.

Sometimes a baby may get small blisters in the back of the throat. These are usually caused by a viral infection, and can be altogether part of the cold illness. These tend to go away after 4-5 days. If your baby is old

enough, a dose of acetaminophen or ibuprofen may help ease the discomfort.

### *Rx Refusal: Can't Get The Medicine To Go Down*

We all know how challenging it can be to get medicine into a baby. Most medicines come with syringes labeled and equipped to get the correct dose into your baby. If appropriate, aim to give the medicine right before a feed so that baby has an empty stomach and is less likely to spit it up. Make sure the mouth is wide open. Aim for the inside back of the cheek and squirt small amounts in at a time and repeat after baby swallows it. Another convenient way to get baby to take it is by squirting the medicine into a nipple from a bottle and having them suck it down. If you are putting it in a bottle, just place half to one ounce of milk in the bottle, to guarantee that baby takes it all.

### *Caught The Red Eye Just In Time*

A red eye can mean many different things. In babies, usually it is an infection (viral or bacterial) or an injury (scratch or chemical irritation). A bacterial infection usually starts in one eye and, over a couple of days, moves to the other. Usually there is thick discharge or matting. A viral infection is usually red and infects both eyes around the same time, although one may be more red than the other. Antibiotic eye drops will do nothing to treat a viral infection. However, they will decrease much of the symptoms of a bacterial infection over 24-48 hours. Most antibacterial eye drops nowadays will decrease contagiousness after about 2 doses.

So, here's the dilemma...little Frankie has daycare tomorrow and, wouldn't you know it, his eye looks red and goopy on a Sunday night. What to do, what to do? This is not an emergency. Relax. Here's the thing. Your doctor could call in antibiotic drops for Frankie, but without looking at him, how can she tell if the infection is just isolated to the eye or has spread. Also, sometimes, the eye infection is just a part of a larger infection such as a sinusitis or ear infection. If the infection has spread, Frankie may need an injection of antibiotics and close follow-up.

Therefore, it is probably better to have Frankie seen in the office the next day.

If baby is less than 2 months old and has goopy, red eye(s), your pediatrician will want to see you whenever the office opens. In this age group, there are very specific bacteria that need to be considered as potential infectious agents.

### *Rattling Ribs*

Many colds in infants can cause a “rattling” or “wheezing” sound to come from the throat and upper chest area. The word wheezing is used to describe the sound of whistling. Certainly the nasal passages and throat can make this sound when mucus in those pipelines has altered the flow of air in and out. The wheezing that is more concerning is the wheezing that is best heard by a stethoscope and comes from the inside of the lungs themselves.

So how do you know the difference? Unless you listen to the lungs, it’s very hard to tell. If your baby has had a cold and all of a sudden the cough is sounding more “harsh”, this could be that he is just trying to bring up some mucus, or it could be that he is truly wheezing.

Should you bring in your baby every time he has a harsh cough? Not necessarily. If he is acting well, say he is “wheezing” but is smiling, playful, feeding well, peeing normally, has no fever, and seems like his breathing is comfortable, then you can observe him.

If he is using a lot of his body effort to get air in and out, this will be evident. You will hear small grunts coming from the back of his throat as he breathes out, the breaths may seem faster, more shallow, his nostrils may be sucking in and out (flaring), and you may see indentations(retractions) in the areas between his ribs, between his chest and abdomen, and above his collar bone under his neck. You need to call your pediatrician right away.

If your child has had known “true” wheezing episodes in the past, or bronchiolitis, he may be more prone to getting it again when he gets a cold. Therefore, it is better to get him checked out as soon as it appears that his cold is worsening.

Cough medicines do not help babies. A cough may last up to 2 weeks, but if it worsens over time, or does not resolve baby needs to see the doctor. If baby is older than 6 months, you can try some mentholated vapor cream on his feet with socks over it. You should never give honey to a child less than 1 year old. However, in a child older than that, some sources say that a teaspoon of honey may help soothe a cough.

### *Projectile Panic*

The act of vomiting from a baby or older child can be quite unexpected and intimidating to a parent. Even though most children appear fine afterwards, it is the parents who need some recovery time. Here’s the deal with the “stomach flu”

Although many call it the “flu”, it has nothing to do with the influenza (AKA flu) virus that causes the flu in the wintertime.

However, most gastroenteritis (vomiting and diarrhea illness) is caused by various viruses that are picked up from contacting infected surfaces. These viruses cause inflammation along the stomach and intestinal tract. Usually the baby has vomiting first, and then the diarrhea. Occasionally, one may be present without the other. Often, fever can also come along for the ride. The duration varies according to the virus that is circulating around town.

Vomiting and diarrhea are a way our bodies try to help us, believe it or not. By shedding the virus from above and/or below, the lining of the gastrointestinal tract can then try to heal. Coughing and mucus from colds can also cause vomiting or stomach discomfort. The process of coughing adds pressure on the stomach.

Do not give her any over-the-counter medicines to stop the vomiting or diarrhea. There are some children-approved probiotics out there that can

be purchased over-the-counter that may help restore the normal gut flora and help a child heal after the virus runs its course.

Don't worry too much about baby not eating too much at this time

Keeping up with fluids is the most important treatment. If she is just having diarrhea, then this is not as difficult, but with vomiting, you have to give small and frequent amounts of fluid. She can have whatever fluid she wants. If she is less than 6 months of age, plain water should not be given. It is best to try and keep up with the regular milk feeding, but if she is not keeping this down, it is okay to give some electrolyte oral hydrating solution, such as Pedialyte. You can try to mix this half with the milk also. The pedialyte should not be given for more than one day without you notifying your baby's doctor. After baby vomits, wait 15-20 minutes before offering anything by mouth. This gives her irritated stomach some time to settle. Then offer fluid 10-15ml at a time every 10-15 minutes, and then as she keeps that volume down, after an hour you can increase that amount. You can also use a medicine syringe or dropper to help. If you are breastfeeding, continue to try and breastfeed. If she is not interested in feeding, try some liquid antacid,  $\frac{1}{4}$  to  $\frac{1}{2}$  teaspoon and then offer feeding again.

In older babies that are doing baby food, other ideas for helping them to stay hydrated are soup, Jell-O, Popsicles and slushies.

If your baby vomits with increased frequency, has bile or blood in the vomit, has not had a wet diaper in 8-10 hours, has sunken eyes or soft spot, has a sticky/dry mouth, is pale or lethargic, then you need to call your doctor.

If baby stays fairly happy throughout this, but the diarrhea remains greater than 10 days, then your doctor will want to see her.