

Happy & Healthy Pediatrics

Pediatric, Adolescent, & Breastfeeding Medicine



What Does It Mean if My Child Has a Virus That Resulted on a Respiratory Panel?

Very often, when a child is sick and seen in our office, we will send out a Respiratory Panel. The Respiratory Panel that we send out in our office tests for a dozen different respiratory viruses that circulate within our community. IF YOUR CHILD TESTS POSITIVE FOR ONE OR MORE OF THESE VIRUSES THERE IS NOT AN AUTOMATIC NEED TO WORRY – MANY ARE VERY COMMON!!! See below to know WHEN TO WORRY. All of them can produce cold/cough symptoms in children, and often fever. All of these viruses can last 7-10 days, and they usually worsen before they get better. All of them can also cause gastrointestinal symptoms like vomiting and diarrhea during the course of the illness.

Some children may get a croupy (very barky sounding) cough associated with them. If your child does develop a barky cough, we recommend keeping them in the steamy bathroom, and/or bringing them out into the night air (it usually gets worse at night), and/or sticking their heads in the freezer (that cold, humid air usually helps the cough). If all of that does not work, or you think your child is having any trouble breathing, please let us know right away.

Rarely, some of these viruses can cause respiratory distress (see the section below on when to worry). This is especially true of RSV (see below), or if your child has a previous history of wheezing with respiratory viruses and/or asthma. Again, if you think your child is having any trouble breathing, please let us know right away.

Treatment if Positive for One or More Viruses on the Panel:

- There is no medicine that we recommend for the viruses that result on these panels. **Antibiotics do not treat viruses.** Please see the instructions in our

cold/cough handout on what can be done to make your child more comfortable:

<https://static1.squarespace.com/static/5528765de4b037749ced9985/t/576d777b414fb53649609fd2/1466791804573/5.+Treating+COLDS.pdf>

- TREAT THE CHILD, NOT THE NUMBER ON THE THERMOMETER. The purpose of Tylenol and Motrin is to make the child more comfortable, not to lower the number. If a child is acting normally and has a fever, we recommend not giving anything. Other treatments for a fever are to keep the child lightly dressed and offer plenty of fluids. We want the child to be comfortable and to be able to stay hydrated (urinating something every 6 hours even if less than usual). Sponge bathe your child's face and arms with lukewarm water. Avoid ice or alcohol baths. DON'T LET FEVER SCARE YOU! Nature created it for a reason, to help fight infection. Fever doesn't scare us as pediatricians and there is **no absolute number** where you need to go to the hospital (see above for what does make us worry). Just make the child comfortable.
- If you find your child is still uncomfortable after giving a dose of Tylenol, it's ok to then give a dose of Motrin without waiting for the Tylenol to wear off or vice versa. However, make sure you are giving weight appropriate doses and no more often than Tylenol every 4 hours from the last dose of Tylenol, and Motrin every 6 hours from the last dose of Motrin. Alternating these medications should be done sparingly and neither of these should be given in an around the clock manner. Motrin is not recommended for children less than 6 months of age.
- Motrin or Tylenol does not CURE a fever. All it does is make the child more comfortable while they have a fever. When the medicine wears off, the fever may come back, and that is ok. Fevers due to covid (or any virus) may last several days. **If your child has a fever and you give Tylenol or Motrin, and the number on the thermometer does not go down, don't worry.** Again, the purpose of the medications is to make the child more comfortable, not to lower the number.

Here is the link to our medication dosing handout that will show you exactly how much medication to administer if needed:

<https://static1.squarespace.com/static/5528765de4b037749ced9985/t/576d7774414fb53649609f5d/1466791797500/4.+Medication+Dosing+Charts.pdf>

When to Worry:

- If your child complains about chest pain, shortness of breath or fainting
- If the child seemed to be getting better and then suddenly takes a turn for the worse, fever starts again a day or two later, they become more miserable or cough worsens.
- If your child has asthma or any history of wheezing, please make sure you start them on their maintenance medications and use albuterol as needed-this may require an office visit if the child's asthma is being triggered by the infection
- If the child can't stop coughing. If consistent coughing persists, please let us know immediately
- Any signs of respiratory distress-if you think your child is having trouble breathing, you need to let us know immediately. Retractions is a finding in pediatrics where kids use extra chest and abdominal muscles to help them breathe. This is what retractions look like:
<https://www.youtube.com/watch?v=qsFR8evfrK8>
- Dehydration - make sure your child is urinating something every 6 hours, even if less than usual. If this is not the case, then you need to let us know immediately

Specific Information for Each of the Viruses that May Result:

Adenovirus: Can produce cold/cough symptoms, sore throat, and viral pink eye. If your child has adenovirus and becomes jaundiced (yellowing of the skin or the whites of the eyes), has very dark urine, or light gray or white ("clay colored") stools, please let us know immediately. These symptoms rarely happen with adenovirus, but it is worth mentioning just in case. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible.

Coronavirus (HKU1, NL63, 229E, OC43): THIS IS NOT COVID. This is the “old” coronavirus before COVID existed that usually just causes the common cold. Don’t get stressed by the name. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible.

Human metapneumovirus (hMPV): Usually just causes the common cold. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible. This virus may also cause wheezing or bronchiolitis.

Enterovirus/Rhinovirus (EV/RV): The most common cause of the common cold. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible.

Influenza (INFL) A, A/H1, A/H3, A/H1-2009, B: The FLU! Can cause much more severe cold/cough symptoms and high fevers which are resistant to being brought down with Tylenol or Motrin (which is not worrisome-see above). DON’T LET THE NUMBER OF THE FEVER WORRY YOU! The fevers with the flu can last 4-5 days. Please see the section on “when to worry”. There is a medication we can give within 48 hours of the onset of symptoms named Tamiflu. The most common side effects of Tamiflu are nausea, vomiting and headache. More rare side effects, particularly for children and adolescents, are seizures, confusion, or abnormal behavior. Due to these side effects, we don’t usually recommend Tamiflu in healthy children. If a child has an immunodeficiency, a history of severe asthma, or other medical conditions, it may be something to consider. One thing we worry about with influenza is the possibility of secondary bacterial infections (ear infections and pneumonia). That’s why if the child seemed to be getting better and then suddenly takes a turn for the worse, fever starts again, they become more miserable or cough worsens, please let us know right away. It is due to these potential complications that we recommend annual flu vaccines to prevent severe disease. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible.

Parainfluenza viruses (PV) 1, 2, 3, 4: Usually causes the common cold. May also cause croup. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible.

Mycoplasma Pneumoniae: An atypical bacterial infection that does require treatment with Zithromax.

Respiratory Syncytial Virus (RSV): RSV is a respiratory virus that can cause severe cold/cough symptoms and may cause respiratory distress. It is particularly dangerous to very young babies, premature babies, and children with congenital heart disease or abnormalities to their respiratory system (including a predisposition to wheezing or asthma). Part of why RSV is so miserable is that it causes very thick, copious boogies and mucous from the nose. Kids really benefit from being in the steamy bathroom, chest PT, saline drops in the nose, the nose Frida, and Baby Vicks on the chest (please see our cold/cough handout for more details). The cough can be very congested or very dry. The cough from RSV can also last several WEEKS-worse in the beginning of the illness and will gradually improve but can literally linger for weeks. But as long as the child does not meet any of the criteria of “when to worry” as listed above, then just keep them comfortable. If they do meet any of those criteria, please let us know ASAP. Gastrointestinal symptoms like vomiting and diarrhea during the course of the illness are also possible.

SARS-CoV-2: This is true COVID-please see “What if my child is positive for Covid” handout.

Sometimes kids are “lucky” enough to get multiple viruses at the same time. This may make the duration of fever longer than typical and the severity of symptoms worse than if only one virus, but the child is not in any additional danger. We treat it exactly the same way using supportive care. Always let us know if fever is lasting more than 5 days or if the child meets any of the criteria of “when to worry” above.