UPPER RESPIRATORY INFECTION

To schedule an appointment call (515) 294-5801. When you call for an appointment, please be specific about your needs so that we can schedule you with the appropriate healthcare provider and an appropriate amount of time.

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UPPER RESPIRATORY INFECTION

WHAT IS AN UPPER RESPIRATORY INFECTION (URI)?
A URI, also known as a common cold, is an infection involving the nose, sinuses, throat, and upper airways. These are generally self-limiting infections that are caused by viruses. Symptoms may vary over the course of the illness and can last up to 10-14 days.

WHAT ARE SYMPTOMS OF A URI?
If you have a URI you may experience nasal drainage (drippy nose) or congestion (stuffy nose or head), headache, fever, sore throat, ear pain/fullness/pressure, and/or a cough.

HOW ARE URI’S SPREAD?
Transmission of viruses are primarily spread by hand contact or respiratory droplets such as sneezing or coughing.

COMPLICATIONS?
There are rarely complications of a URI, however, if the immune system is weakened secondary viral or bacterial infections can occur causing sinus infections, ear infections, pneumonia, or bronchitis.

HOW ARE URI’S TREATED?
Treatment is generally driven to provide relief of symptoms. As most URIs are caused by viruses, antibiotics are generally contraindicated. Symptomatic relief can include over the counter (OTC) medications or natural remedies. When you have a URI it is ALWAYS important to allow for extra rest, increase fluid intake, and continue eating.

HEADACHE, FEVER, BODY ACHES
- Acetaminophen (Tylenol) (325-500 mg tablets) take 1-2 tablets every 6 hours as needed*, or,
- Ibuprofen (Advil, Nuprin) (200 mg tablets), take 3-4 tablets every 8 hours with food as needed*

CONGESTION OR RUNNY NOSE can be related to an increase in mucous production and inability to clear these secretions from the nasal passages.
- Decongestants: pseudophedrine (Sudafed)
- Antihistamines with decongestants: loratadine (Claritin D), cetirizine (Zyrtec D), fexofenadine (Allegra D)
- Antihistamines without decongestants: loratadine (Claritin), cetirizine (Zyrtec), fexofenadine (Allegra)
- Nasal washes or sprays: saline mist or Neti-pot, nasal steroid sprays, such as fluticasone propionate (Flonase), nasacort (Nasonex)
- Steam or humidification
- Avoid nasal decongestant sprays (Afrin or neosynephrine) as they may cause rebound (worsening) nasal symptoms

EAR PRESSURE is commonly related to Eustachian Tube Dysfunction. This tube connects our ears with the back of our throat and can become obstructed with inflammation or congestion allowing fluid to accumulate behind the ear drum causing pressure.
- Decongestants: (pseudophedrine (Sudafed)), nasal sprays (fluticasone propionate (Flonase)), nasacort (Nasonex), or chewing gum.
- Avoid q-tip use as it can cause earwax impaction and could rupture your ear drum.

SORE THROAT can be related to irritation from post-nasal drainage, coughing and inflammation.
- Salt water gargles, mix 8 ounces of warm water with 1 tsp of salt.
- Warm or cold liquids to drink
- Numbing throat sprays or lozenges: Chloraseptic Spray or Lozenges, Cepastat Lozenges or Halls Defense
- Acetaminophen (Tylenol) or ibuprofen (Advil) as needed

COUGHS can be related to mucous production stimulating the cough reflex.
- Expectorants containing guaifenesin (Robitussin, Mucinex) can help thin out and clear secretions
- Suppressants containing Dextromethorphan (Delsym) can help suppress the cough reflex

PREVENTATIVE MEASURES
- Wash your hands
- Cover your cough or sneeze
- Aim for at least 7-9 hours of sleep per night
- Exercise regularly
- Eat a healthy well-balanced diet
- Receive an influenza vaccine annually
- Stay home if you are sick or have a fever

WHEN TO SEEK CARE
If symptoms persist longer than 10-14 days or you develop:
- Fever over 102°F
- Shortness of breath
- Chest pain
- Stiff neck
- Rash
- Severe headache

*Never exceed the maximum recommended dosage.