Influenza and Influenza-Like Illness: Assessment Guideline for Parents
Nov. 19, 2012

1. Using the description in the box below, do you think that your child has the flu?

   Yes

   The flu causes many symptoms. Most children will have fever AND either cough or sore throat. Other symptoms include vomiting, diarrhea, red eyes and runny nose. If your child has been around others who seem to have the flu, this makes it more likely that your child has the flu.

   No

   Do not use this guideline.

2. Do any of the descriptions in the box below fit your child?

   Yes

   Go to an Emergency Room now (an Urgent Care Center is OK for a 3-6 month old who is alert, not dehydrated and breathing normally)

   No

   • Age less than 12 weeks and fever over 100.3
   • Age 3-6 months and fever over 102.2
   • Dehydrated (no tears, making very little urine, drinking very little)
   • Labored breathing such as:
     − Grunting with each breath
     − Wheezing
     − Flaring or widening nostrils with each breath
     − Retracting (the skin between the ribs sinks in more than usual with each breath)

3. Does your child have any of the problems listed in the box below?

   Yes

   Speak to your child’s doctor in the next hour or two. If you do not hear back from your doctor within two hours, go to an Emergency room.

   No

   • Chest pain
   • Stomach pain that is constant or worse with movement
   • Sore throat so bad that he cannot open his mouth widely
   • Sore neck preventing him from moving it normally in all directions
   • Return of fever following 12-24 hrs when she seemed to be improving
   • Vomiting

4. Every 4 hours or so, will your infant or child play, smile, concentrate on an activity? (Read the box below.)

   Yes

   Speak to your child’s doctor in the next hour or two. If you do not hear from your doctor within 2 hours, go to an Emergency room. You may want to try lowering your child’s fever first using the instructions below.

   No

   This is a VERY important question. Most children with the flu will be tired or crabby much of the time; however, when the fever is brought down with medicines and the parent works to entertain the child, a child with simple flu should perk up, smile and be able to do some activity (play a game, use the computer, take a bottle, whatever is normal for your child at his age). This ‘happy’ period may only last a little while, but such periods are VERY reassuring that a child is not suffering from a serious complication of the flu.

5. Does your child have any problems not covered in this guideline that concern you?

   Yes

   Speak to your child’s doctor in the next hour or two (Exception: If the only additional problem is mild diarrhea, then you may answer ‘No’ to this question.)

   No
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6. Do any of the descriptions in the box below fit your child or teenager?

Yes

Call your doctor soon, but in no more than 24 hours from onset of symptoms. **IF YOUR CHILD NEEDS TREATMENT FOR THE FLU, MEDICINES ARE MOST EFFECTIVE IF STARTED WITHIN 24 HOURS.** Your child may be at increased risk for complications from the flu or respiratory virus. While waiting to speak to your doctor treat the flu as described below under: HOW TO TREAT THE FLU

No

- Has an ongoing health problem such as:
  - <24 months of age
  - Immune deficiency (diagnosed by a doctor as having a problem fighting infections or taking daily steroids or aspirin)
  - Lung disease such as moderate or severe asthma (takes medicine for asthma one or more days each week)
  - Heart disease requiring medication
  - Any health problem requiring daily medication or regular visits to a specialist (example: Diabetes)
- Pregnant
- VERY overweight (not just a few lbs!)

Your answers suggest that your child can be treated at home for the flu; however, you are always the final judge regarding the best care for your child. Print these out for future reference or return to this page as needed or visit [www.choa.org/flu](http://www.choa.org/flu) to download the Influenza teaching sheet.

**HOW TO TREAT THE FLU**

- **Control the fever** for your child’s comfort with:
  - EITHER Acetaminophen or Ibuprofen as directed
  - Do not bundle the child. Bundling and/or blankets prevent the fever from coming down.
  - NEVER EVER GIVE ASPIRIN OR ANY PRODUCT CONTAINING ASPIRIN SUCH AS PEPTO-BISMOL.
  - The goal is **not** to bring the fever down to normal but to reduce the fever enough so that your child is comfortable.

- Offer as much **clear liquid** (juices, water, popsicles, Pedialyte) as the child will take. When there is diarrhea, Pedialyte or Gatorade G2 Low Calorie are particularly good.

- **Do not allow your child to expose others.** Keep your child at home until 24 hrs have passed without the need for a medication to control fever and the child is acting normally. A cough may still be present and may last for another week, but the child is no longer contagious.

- **If your child has exposed someone** who is at higher risk for the flu, then have that person contact their doctor in the morning, or sooner if they are showing symptoms of the flu. Persons at higher risk are:
  - pregnant
  - <24 months of age
  - very overweight
  - 65 years of age or older
  - suffer from chronic health problems as described in the box below question #3 above

- **Call your child’s doctor promptly** if your child begins having chest or abdominal pain, vomiting, labored breathing, dehydration, failure to behave normally every 4 hours) or if you have any other reasons to be very concerned about your child.

- **If your child has a sore throat without a runny nose,** then you should have your child’s throat cultured at the doctor’s office.
WHAT NOT TO DO

• **Do not give cough medications to your child.** It is understandable that you want to comfort your child by reducing the cough; however, in this case the best medicine is no medicine. The FDA has advised that these medications are ineffective for coughs due to infections in children less than 6 years of age and there is no clear evidence that they have a benefit over age 6 years, and they have undesirable side effects. It is most important to realize that a cough is a means by which the child ‘cleans’ her lungs of the virus. Suppressing the cough may predispose the child to pneumonia – the most feared complication of the flu. A cool mist humidifier in the child’s room that is thoroughly cleaned every day may help. Saltwater nose drops and bulb suctioning the nose may help the congested infant.

• **Do not seek out an examination for your child at your doctor’s office or a Children’s ED or Urgent Care Center to get a ‘flu’ test.** First, the ‘rapid flu test’ is unreliable – so unreliable that Children’s Healthcare of Atlanta no longer performs this test and does not recommend its use. A physician’s judgment is the best method to determine treatment.

• **Children’s does not recommend the routine use of anti-viral medication (Tamiflu) except for high-risk patients as specified in question 6 above.** Treatment with Tamiflu is most beneficial if started within 24 hours of onset of symptoms. Because flu is a virus, antibiotics do not work against the illness.