

Upper Respiratory Infection (URI) Symptoms

Colds and/or flu-like illnesses are caused by viruses. To date, there is no cure for viral upper respiratory infections (URI's). Viral infections must simply run their course and go away, usually within 7 to 14 days. Antibiotics are not effective against viruses. First line defense for flu is yearly influenza immunization. Occasionally anti-viral medication can be prescribed for Influenza or Covid-19 infection, if indicated.

You may experience:

- Fever, if greater than 100.4 F degrees, call your on-campus Student Health Clinic and schedule an appointment with a provider
- Head and chest congestion, including sinus pain and pressure, headache
- Coughing with or without mucous
- Redness or bloodshot eyes as well as swollen eyelids
- Post nasal drip which may cause coughing, particularly at night, and nausea in the morning
- Sore throat and swollen glands on the side of your throat/neck
- Loss of voice/laryngitis
- Body aches and fatigue

Self-Care measures to make you comfortable:

- Try to get plenty of rest. Your immune system needs rest so it can function properly.
- Increase fluids. Fluids help thin mucous and promote drainage; this will decrease the pain and pressure.
- Increased fluids to fight fever and bolster your immune system.
- Elevate head at night to promote drainage.
- For sinus pain: Apply moist heat against your face. Steamy showers and vaporizers may be helpful.
- Sore throat: Gargle with salt water, 1/4 teaspoon of salt with 8 ounces of warm water. Cold fluids may be comforting as well
- First line defense for flu is yearly influenza immunization.

The following medications may help to alleviate your Upper Respiratory Symptoms. Follow the recommended dosage on the package label.

- Pseudoephedrine (Sudafed) during the daytime hours. Pseudoephedrine is a decongestant and usually does not cause drowsiness. However, if you take this drug at bedtime, it may keep you awake. Need to obtain at pharmacy counter. Must be 18 years old and have your driver's license. You should not take this type of medication if you have high blood pressure.
- Daytime antihistamine such as Claritin/loratadine, Zyrtec/cetirizine and Allegra/fexofenadine may be purchased over the counter at a local store. These medications will decrease mucous production which will also decrease coughing and runny nose.

- Nasal steroid sprays (generic Flonase, Nasacort, or Nasnex) decreases congestion. Use once daily for at least one week or until symptoms resolve.
- Saline nasal sprays help to decrease congestion by liquefying mucous, and this promotes sinus drainage with pain relief. Squirt saline spray into each nostril 3 to 4 times a day.*
- At bedtime, instead of taking pseudoephedrine or phenylephrine, use an antihistamine such as Diphenhydramine (Benadryl). Antihistamines usually produce drowsiness and tend to dry post nasal drip helping to decrease nighttime coughing. Do not use this drug on a regular basis for it may make the mucous thick and worsen blockage of the sinus drainage passages. A key factor to recovery is the drainage of the infected mucous from the sinuses. Maximum dose not to exceed 300 mg in 24 hours. Use caution while driving due to drowsiness.
- Ibuprofen (Advil), with food, as needed or Acetaminophen (Tylenol) as needed, to alleviate pain.
- Guaifenesin Dextromethorphan (DM) (Robitussin DM, Mucinex DM) cough syrup as needed for cough.

***Proper Use of Nasal Sprays:**

Nasal sprays point towards ear (same ear as nostril you're spraying) not toward center of nose. Use saline sprays prior to prescription nasal sprays then do not use saline spray for 1 hour.

Please call to make an appointment at your on-campus Student Health Clinic or with your PCP or go to Urgent Care or the Emergency Department if your concerns do not improve with conservative self-care treatment or if you have worsening symptoms.

Please know your health problems and allergies. Information contained in this handout is for educational purposes only. It is not a substitute for evaluation and treatment by a Healthcare professional. As new and updated information becomes available, the content may change. Please contact your Healthcare Provider or your on-campus Student Health Services Clinic with any questions. Updated August, 2019.