



Clinical Update

For Telephone Triage Nurses

December 2007

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Key Point: Cough and cold medications should not be used in children under 2 years of age.

Key Point: Multi-ingredient cough and cold medications can result in overdosing and should never be used in children of any age.

December 2007 Changes to Five Pediatric Guidelines:

- Colds
- Cough
- Croup
- Influenza
- Sinus Congestion

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Dear Nursing Colleague:

As you know, OTC cough and cold medicines have been in the news. This update will try to clear up some of the confusion. In October, the AAP and other experts testified before the FDA about the safety of cough and cold medicines for young children. According to FDA data from 1969 to 2006, 54 deaths from decongestants and 69 deaths from antihistamines occurred. To put this in perspective, that's 3.3 reported deaths per year. The majority occurred in children younger than 2 years of age.

Although the FDA and AAP have not issued any final recommendations, the following statements reflect the position of the FDA advisory panel.

1. **Under 2 years of age:** Advise callers that OTC cough and cold medicines should never be used in this age group because of potential serious side effects. Research shows that they do not help (no proven efficacy).
2. **From 2 to 6 years of age:** Advise callers that cough and cold medicines are not recommended for this age group because they do not have any proven efficacy for relieving cough and cold symptoms. However, if a parent insists on using them, help them calculate a safe dosage.
3. **Over 6 years of age:** Advise callers that the best treatment for coughs is honey or cough drops. The best treatment for nasal congestion is nasal washes with saline drops or spray. However, if a parent wants to use a cough or cold medicine for his/her young child, the FDA panel had no opposition, so help them calculate a safe dosage.

My Response to these New Recommendations

In mid-October, I revised all the Dosage Tables for these OTC medicines and sent them to your software vendors for distribution. This week, I made some additional changes and these 12/2007 Dosage Tables will now be distributed. If you haven't received these updates by late-December, contact your software vendor. Changes in the 5 related pediatric guidelines have also been completed, but those will require more time for your vendors to implement.

Regards,
Bart Schmitt MD, FAAP

OTC Cough and Cold Medications



Schmitt-Thompson
Clinical Content

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Honey as a Cough Syrup: Breaking News

A recent research study compared **honey** to either **dextromethorphan (DM)** or **no treatment** for the treatment of nocturnal coughing.

- ◆ The study group contained 105 children age 2 to 18 years.
- ◆ Honey consistently scored the best for reducing cough frequency and cough severity. It also scored best for improving sleep.
- ◆ Dextromethorphan (DM) did not score significantly better than “no treatment” (again showing its lack of efficacy).

How Might Honey Work? One explanation for how honey works is that sweet substances naturally cause reflex salivation and increased airway secretions. These secretions may lubricate the airway and remove the trigger (or tickle) that causes a dry, nonproductive cough.

What is the Dosage? The dose of honey used was ½ tsp (2.5 ml) for 2-5 year-olds, 1 teaspoon for 6 to 11 year-olds, and 2 tsp for 12 to 18 year-olds. *A single dose was given at bedtime.*

Redlines Show Changes in 2007 Update

Included in this year's update are redlined versions of each of the guidelines demonstrating changes from 2006. Depending on the type and magnitude of the changes, the redlined guidelines have been sorted into two different zip files (Major and Minor). Major changes are defined as follows:

- ◆ Any addition or deletion of a triage assessment question
- ◆ Any movement of a triage question to a different disposition level
- ◆ Substantive change in wording of a triage question
- ◆ Substantive care advice changes
- ◆ Substantive background information changes
- ◆ Substantive definition changes

These guidelines should receive prioritized review from your medical director and nursing leadership.

For the second year in a row, the redline documents were created using *Workshare DeltaView*. This software provides a superior redline comparison than the previously utilized Microsoft Word.

- ◆ Additions and changes are underlined - [example](#)
- ◆ Deletions are marked with strike-through – ~~example~~
- ◆ Text can be [moved to](#) and [moved from](#)

Key Point: A bedtime dose of honey seems to reduce cough and improve sleep.

References

1. Paul IM. Effect of Honey, DM, and No Treatment on Nocturnal Cough and Sleep Quality for Coughing Children and Their Parents. Arch Pediatr Adolesc Med. 2007;161(12):1140-1146.
2. Kelly LF. Pediatric cough and cold preparations. Pediatr Rev. 2004;25(4):115-123.
3. CDC. Infant deaths associated with cough and cold medications--two states, 2005. MMWR. 2007;56:1-4.