

Treat your Respiratory Tract Infection Leaflet

This leaflet is designed to be used during GP consultations with patients 3 months old and above presenting with respiratory tract infections where there is no immediate need for an antibiotic.

- **Antibiotics are not effective for treating viral infections.**
- **Colds, most coughs, sinusitis, ear infections and sore throats are mainly caused by viruses and antibiotics are not necessary in the majority of cases.**
- **Your body can usually fight these infections on its own.**
- **Your doctor will assess whether you need an antibiotic.**

<input checked="" type="checkbox"/>	Your infection:	Most are better by:
<input checked="" type="checkbox"/>	Sore throat	7 days

Upper respiratory infections are common among infants in childcare (up to 10–12 per year) but become less common as children mature.

How to look after yourself and your family

- Have plenty of rest.
- Drink enough fluids to avoid feeling thirsty.
- Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). For example, a lozenge can be used for sore throat and nasal saline for nasal congestion.
- Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol if you or your child are uncomfortable because of a fever.
- Hand hygiene is essential to help prevent spread of your infection to your family, friends and others you meet. Wash your hands with soap and water if they are dirty, dry with a tissue. Hand sanitiser can be used.
- See <https://www2.hse.ie/conditions/common-illnesses/> for further information.



Back-up antibiotics

In certain circumstances, your GP may prescribe a back-up antibiotic in case your condition does not improve after a few days. If you feel better, you do not need to fill the prescription. However, if you do not feel better in 7 days, then fill your back-up antibiotic prescription at the pharmacy. If symptoms get worse or your level of concern is increasing, seek urgent medical attention. Refer to 'When to get help' section of this leaflet.

Cautions with antibiotics

Taking unnecessary antibiotics can make them less effective in the future by causing antibiotic resistance, which can make infections more difficult to treat. Antibiotics can cause side effects

such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight and other symptoms. If you are concerned, seek medical advice.

When to get help

The course of infections can sometimes be difficult to anticipate, **If you or your child are getting worse or are sicker than you would expect, trust your instincts and seek medical advice urgently from your GP, local out-of-hours doctors service, emergency department or the HSE on 999 or 112. Don't be afraid to ask "Could this be sepsis?"**. Sepsis can develop when your body has an extreme reaction to any infection and urgent medical attention is needed.

The signs and symptoms of sepsis in CHILDREN are:

- very fast breathing
- fits or convulsions
- mottled skin (irregular colour) bluish or pale
- a rash that does not fade when you press it
- unusually sleepy and difficult to wake
- unusually cold when you touch them
- has had no pee for more than 12 hours

In addition, in children under 5 years:

- not feeding or else vomiting repeatedly
- not had a wet nappy for the last 12 hours

In children under 3 months, a fever of 38°C or more should prompt an urgent medical review.

Signs and symptoms of sepsis in ADULTS are:

- slurred speech, new confusion, too sick to communicate, drowsy
- extreme shivering, muscle aches, fever
- has not passed urine in the last 12 hours
- shortness of breath, lips tinged with blue
- feels like your heart is racing, dizzy when you sit or stand
- feeling a lot worse. "I feel like I'm going to die"
- Skin mottled and discoloured, new rash that is still visible when pressed on with a clear glass (glass test)

Less serious signs requiring GP assessment:

- If you are not starting to improve a little by the time given in 'Most are better by' on page 2.
- Children with middle-ear infection with fluid coming out of their ears.