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HEALTH ISSUES

10 Common Childhood Illnesses and Their Treatments

All children deserve high-quality medical care. As a parent, it is important to be aware of the most up-to-date treatment guidelines so you can be sure your child is getting the best care possible.

The following information from the American Academy of Pediatrics (AAP) lists some of the most common childhood illnesses and their approved treatments. The treatments discussed here are based on scientific evidence and best practices. However, there may be reasons why your pediatrician has different recommendations for your child, especially if your child has an ongoing medical condition or allergy. Your pediatrician will discuss any variations in treatment with you. If you have any questions about appropriate care for your child, please discuss them with your pediatrician.



1. Sore Throat

- **Sore throats are common in children and can be painful.** However, a sore throat that is caused by a virus does not need antibiotics. In those cases, no specific medicine is required, and your child should get better in seven to ten days. In other cases, a sore throat could be caused by an infection called streptococcal (strep throat).
- **Strep cannot be accurately diagnosed by simply looking at the throat.** A lab test or in-office rapid strep test, which includes a quick swab of the throat, is necessary to confirm the diagnosis of strep. If positive for strep, your pediatrician will prescribe an antibiotic. It's very important that your child take the antibiotic for the full course, as prescribed, even if the symptoms get better or go away. Steroid medicines (such as prednisone) are not an appropriate treatment for most cases of sore throat.
- **Babies and toddlers rarely get it strep throat,** but they are more likely to become infected by streptococcus bacteria if they are in child care or if an older sibling has the illness. Although strep spreads mainly through coughs and sneezes, your child can also get it by touching a toy that an infected child has played with.
- See [The Difference between a Sore Throat, Strep & Tonsillitis \(/English/health-issues/conditions/ear-nose-throat/Pages/The-Difference-Between-a-Sore-Throat-Strep-and-Tonsillitis.aspx\)](#) and [When a Sore Throat is a More Serious Infection \(/English/health-issues/conditions/ear-nose-throat/Pages/When-a-Sore-Throat-is-a-More-Serious-Infection.aspx\)](#).

2. Ear Pain

- **Ear pain is common in children and can have many causes**—including ear infection (otitis media), swimmer's ear (infection of the skin in the ear canal), pressure from a cold or sinus infection, teeth pain radiating up the jaw to the ear, and others. . To tell the difference, your pediatrician will need to examine your child's ear. In fact, an in-office exam is still the best way for your pediatrician to make an accurate diagnosis. If your child's ear pain is accompanied by a high fever, involves both ears, or if your child has other signs of illness, your pediatrician may decide that an antibiotic is the best treatment.
- **Amoxicillin is the preferred antibiotic for middle ear infections**—except when there is an allergy to penicillin or chronic or recurrent infections.
- **Many true ear infections are caused by viruses and do not require antibiotics.** If your pediatrician suspects your child's ear infection may be from a virus, he or she will talk with you about the best ways to help relieve your child's ear pain until the virus runs its course.
- See Ear Infection Information (</English/health-issues/conditions/ear-nose-throat/Pages/Ear-Infection-Information.aspx>), Middle Ear Infections (</English/health-issues/conditions/ear-nose-throat/Pages/Middle-Ear-Infections.aspx>), and Your Child and Ear Infections (</English/health-issues/conditions/ear-nose-throat/Pages/Your-Child-and-Ear-Infections.aspx>).

3. Urinary Tract Infection

- **Bladder infections, also called urinary tract infections or UTIs, occur when bacteria build up in the urinary tract.** A UTI can be found in children from infancy through the teen years and into adulthood. Symptoms of a UTI include pain or burning during urination, the need to urinate frequently or urgently, bedwetting or accidents by a child who knows to use the toilet, abdominal pain, or side or back pain.
- **Your child's doctor will need a urine sample to test for a UTI before determining treatment.** Your doctor may adjust the treatment depending on which bacteria is found in your child's urine.
- See Detecting Urinary Tract Infections (</English/health-issues/conditions/genitourinary-tract/Pages/Detecting-Urinary-Tract-Infections.aspx>) and Urinary Tract Infections in Teens (</English/health-issues/conditions/genitourinary-tract/Pages/Urinary-Tract-Infections-in-Teens.aspx>).

4. Skin Infection

- **In most children with skin infections, a skin test (culture or swab) may be needed to determine the most-appropriate treatment.** Tell your doctor if your child has a history of MRSA, staph infection, or other resistant bacteria or if he or she has been exposed to other family members or contacts with resistant bacteria.
- See Boils, Abscess & Cellulitis (</English/health-issues/conditions/infections/Pages/Boils-Abscess-and-Cellulitis.aspx>) and Tips for Treating Viruses, Fungi & Parasites (</English/health-issues/conditions/treatments/Pages/Tips-For-Treating-Viruses-Fungi-and-Parasites.aspx>).

5. Bronchitis

- **Chronic bronchitis is an infection of the larger, more central airways in the lungs and is more often seen in adults.** Often the word "bronchitis" is used to describe a chest virus and does not require antibiotics.
- See Bronchitis (<https://www.cdc.gov/getsmart/community/for-patients/common-illnesses/bronchitis.html>) (CDC.gov).

6. Bronchiolitis

- **Bronchiolitis is common in infants and young children during the cold and flu season.** Your doctor may hear "wheezing" when your child breathes.
- **Bronchiolitis is most often caused by a virus, which does not require antibiotics.** Instead, most treatment recommendations are geared toward making your child comfortable with close monitoring for any difficulty in breathing, eating, or signs of dehydration. Medicines used for patients with asthma (such as albuterol or steroids) are not recommended for most infants and young children with bronchiolitis. Children who were born prematurely or have underlying health problems may need different treatment plans.
- See [Bronchiolitis \(/English/health-issues/conditions/chest-lungs/Pages/Bronchiolitis.aspx\)](#) and [Treating Bronchiolitis in Infants \(/English/health-issues/conditions/chest-lungs/Pages/Treating-Bronchiolitis-in-Infants.aspx\)](#).

7. Pain

- **The best medicines for pain relief for children are acetaminophen or ibuprofen.** Talk to your pediatrician about how much to give your child, as it should be based on your child's weight.
- **Narcotic pain medications are not appropriate for children with common injuries or complaints such as sprained ankle, ear pain, or sore throats.** Codeine should never be used for children as it's been associated with severe respiratory problems and even death in children.
- See [Fever and Pain Medicine: How Much To Give Your Child \(/English/safety-prevention/at-home/medication-safety/Pages/Fever-and-Pain-Medicines-How-Much-to-Give.aspx\)](#).

8. Common Cold

- **Colds are caused by viruses in the upper respiratory tract.** Many young children—especially those in child care—can get 6 to 8 colds per year. Symptoms of a cold (including runny nose, congestion, and cough) may last for up to ten days.
- **Green mucus in the nose does not automatically mean that antibiotics are needed; common colds never need antibiotics.** However, if a sinus infection is suspected, your doctor will carefully decide whether antibiotics are the best choice based on your child's symptoms and a physical exam.
- See [Children and Colds \(/English/health-issues/conditions/ear-nose-throat/Pages/Children-and-Colds.aspx\)](#) and [Caring for Your Child's Cold or Flu \(/English/safety-prevention/at-home/medication-safety/Pages/How-to-Manage-Colds-and-Flu.aspx\)](#).

9. Bacterial Sinusitis

- **Bacterial sinusitis is caused by bacteria trapped in the sinuses.** Sinusitis is suspected when cold-like symptoms such as nasal discharge, daytime cough, or both last over ten days without improvement.
- **Antibiotics may be needed** if this condition is accompanied by thick yellow nasal discharge and a fever for at least 3 or 4 days in a row.
- See [The Difference Between Sinusitis and a Cold \(/English/health-issues/conditions/ear-nose-throat/Pages/The-Difference-Between-Sinusitis-and-a-Cold.aspx\)](#).

10. Cough

- **Coughs are usually caused by viruses and do not often require antibiotics.**
- **Cough medicine is not recommended for children 4 years of age and**

younger, or for children 4 to 6 years of age unless advised by your doctor. Studies have consistently shown that cough medicines do not work in the 4-years-and-younger age group and have the potential for serious side effects. Cough medicines with narcotics—such as codeine—should not be used in children.

- See [Coughs and Colds: Medicines or Home Remedies? \(/English/health-issues/conditions/chest-lungs/Pages/Coughs-and-Colds-Medicines-or-Home-Remedies.aspx\)](#).

If Symptoms Change:

Occasionally, mild infections—viral or bacterial—can develop into more serious infections.

Call your pediatrician if your child's illness appears to change, becomes worse, does not go away after a few days, or if you are worried about any new symptoms that develop. If your child's illness has worsened, or if he or she develops complications, your pediatrician may recommend a new treatment.

Have More Questions?

If you have any questions or concerns about appropriate care for your child, please discuss them with your pediatrician. While it may be tempting to go to a nearby after-hours clinic if your child is ill, your pediatrician knows your child best, has your child's medical records, and is the best place to start for advice. Ask your pediatrician how he or she would like to be contact when the office is closed.

In fact, the AAP does not recommend retail-based clinics, telehealth services outside of the medical home, or acute care services without pediatric expertise for children younger than 2 years. See [Urgent Care: Is It Worth the No Wait? \(/English/family-life/health-management/Pages/Nonemergency-Acute-Care-AAP-Policy-Explained.aspx\)](#) for more information.

Related AAP Clinical Guidelines:

- [Clinical Practice Guideline for the Diagnosis and Management of Acute Bacterial Sinusitis in Children Aged 1 to 18 Years \(http://pediatrics.aappublications.org/content/pediatrics/132/1/e262.full.pdf\)](http://pediatrics.aappublications.org/content/pediatrics/132/1/e262.full.pdf)
- [Codeine: Time to Say 'No' \(http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2016-2396\)](http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2016-2396)
- [Principles of Judicious Antibiotic Prescribing for Bacterial Upper Respiratory Tract Infections in Pediatrics \(http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2013-3260\)](http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2013-3260)
- [The Diagnosis and Management of Acute Otitis Media \(http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2012-3488\)](http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2012-3488)
- [Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months \(http://pediatrics.aappublications.org/content/early/2011/08/24/peds.2011-1330\)](http://pediatrics.aappublications.org/content/early/2011/08/24/peds.2011-1330)

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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