

Respiratory Tract Infections

Sample Responses to Patient Portal Messages

The following are examples of asynchronous messages (e.g., MyChart messages) received by telemedicine clinicians for patients with respiratory tract infections. The messages below assume that a diagnosis has already been established after a virtual visit. The responses below assume a clinician is responding to the patient. Please change “I” to “we” if more appropriate to reflect the practice’s views. Patients should be strongly discouraged from sending asynchronous messages for urgent concerns. Pay special attention to suggested responses that differ by age below.

Responses Intended for Adult Patients

- **“I heard vitamin C can help people recover from colds, RSV, or the flu quickly. Do you think I should try it?”**
 - **Possible response:** “Vitamin C supplements are generally safe for adults. They may help, and they probably won’t hurt. In one study, people taking at least 200 mg of vitamin C daily had two fewer days of symptoms and felt slightly better. If your cold symptoms are really bothering you, you could take vitamin C. Vitamin C doesn’t seem to prevent colds or the flu.”¹⁻²
- **“I heard zinc can help people recover from colds, RSV, or the flu quickly. Do you think I should try it?”**
 - **Possible response:** “Zinc has not been shown to prevent colds or the flu but may decrease the severity and duration of cold or flulike symptoms by about 2 days in adults. However, we generally suggest against taking zinc since it can cause a bad taste in the mouth and nausea. If you choose to take a zinc supplement, the syrup and lozenge forms seem to be tolerated better than tablets. We do not recommend intranasal zinc (which includes the brand name Zicam®) as intranasal zinc has been shown to cause irreversible loss of smell. In place of zinc, you may want to consider taking vitamin C supplements to help reduce the severity and frequency of colds without any notable toxicities.”³
- **“I am still feeling stuffy and congested. What should I do?”**
 - **Possible response:** “I am sorry to hear that. Making sure you stay hydrated may help to thin secretions and soothe your airway. Ingestion of warm liquids (e.g., tea, soup) may increase the flow of mucus and loosen it, making mucus easier to clear. There are several over-the-counter medications you can try if your symptoms are bothering you a lot. Over-the-counter medications may provide some benefit in helping you feel better until the virus causing the cold is out of your system. The best options may be cold medicines that include a combination of antihistamines and decongestants. The combination of the two has been shown to provide more relief than either agent alone. Examples of antihistamines include cetirizine (Zyrtec®), loratadine (Claritin®), fexofenadine (Allegra®), and diphenhydramine (Benadryl®). Examples of decongestants include

pseudoephedrine (e.g., Sudafed®) and oxymetazoline (e.g., Afrin®). You may need to ask the pharmacist for pseudoephedrine as it is usually available behind the pharmacy counter and not on shelves. Please note that phenylephrine (e.g., Sudafed PE®) is not effective. If you choose to use nasal decongestants, you should not use them for more than 3 days as using a decongestant nasal spray for more than 5 days can worsen nasal congestion. Many common combination cough and cold medicines (for example DayQuil® and NyQuil®) contain either acetaminophen (Tylenol®) or nonsteroidal anti-inflammatory drugs (NSAIDs) like Motrin®. If you are taking either acetaminophen or NSAIDs separately, be careful to not exceed the total daily recommended dosage. Cough and cold medicines can be dangerous for children 12 years of age and younger so be sure to store these medications carefully out of the reach of children.”⁴⁻⁵

- **“Would it be helpful for me to do sinus rinses to help with my congestion?”**
 - **Possible response:** “Sinus rinses thin and flush out mucus and can be helpful to provide relief from congestion. Sinus rinses can be performed at the frequency that works for you and are commonly performed one to three times per day. To make the saltwater solution, use a clean, 1-quart glass jar. Fill the jar with distilled water or tapwater that has been boiled and cooled. Only use tapwater that has been boiled. If you use tapwater that has not been boiled, there is a small risk of a serious infection. Alternatively, you can use bottled water. You can either buy premixed packets of salt meant for sinus washes or you can make your own. To make your own salt solution, add 1 teaspoon of baking soda and 1 teaspoon of pickling or canning salt to the glass jar. Regular table salt is not recommended as it may contain other chemicals. You can use several devices to do the saline rinse. The most common are squeeze bottles (e.g., NeilMed Sinus Rinse®) and neti pots (NeilMed NasaFlo Neti Pot®). The devices should be cleaned weekly. Videos made by manufacturers can show you how to do a sinus rinse.”⁶⁻¹⁰
- **“Is there a nasal spray that could help my stuffy nose?”**
 - **Possible response:** “Nasal sprays may help with symptoms of a stuffy nose. Nasal sprays that might help with reducing congestion include nasal saline (e.g., Ayr Saline®), cromolyn sodium (e.g., Nasalcrom®), ipratropium bromide (e.g., Atrovent®), and decongestants (e.g., phenylephrine [Sudafed PE®], oxymetazoline [Afrin®]). These are all generally safe. Intranasal ipratropium has been associated with increased nasal dryness and mild nose bleeds. Nasal decongestants should not be used for more than 5 days as they may actually make runny noses worse after 5 days. Topical steroids (e.g., Flonase®) have not been shown to be effective for the treatment of colds or RSV.”¹¹⁻¹³
- **“I still have a cough. What should I do?”**
 - **Possible response:** “I am sorry to hear that. Staying hydrated may help to thin secretions and soothe your airway. Ingestion of warm liquids (e.g., tea, soup) may increase the flow of mucus and loosen it, making mucus easier to clear. If your cough is bringing up a lot of mucus, you can use a cough medicine with an expectorant. An expectorant is a medicine that breaks up phlegm and helps you cough it up. One expectorant is guaifenesin. Menthol and honey can also act as

expectorants. Some patients also use cough suppressants if their cough is dry. Dextromethorphan is a cough suppressant that is in many over the counter medications. This medication can cause side effects like nausea, vomiting, restlessness, and even hallucinations if you take too much, and can even be abused, so be very careful to only take what is on the package label. Other cough suppressants include camphor, eucalyptus oil, and menthol. Some over the counter medications have both an expectorant and a cough suppressant. Many common combination cough and cold medicines contain either acetaminophen (Tylenol®) or nonsteroidal anti-inflammatory drugs (NSAIDs) like Motrin® or Advil®. If you are taking either acetaminophen or NSAIDs separately, do not exceed the total daily recommended dosage. Cough and cold medicines can be dangerous for children 12 years of age and younger, so be sure to store these medications carefully out of the reach of children.”⁵

- **“Do you think I should get a flu vaccine?”**
 - **Possible response:** “Absolutely! Influenza vaccination is recommended every year for everyone over the age of 6 months. It works best in September or October, but you can get vaccinated at any point in the flu season. There is a live influenza vaccination that can be given to many patients 49 years of age and younger—we can talk about whether you may be a candidate. Those at least 65 years of age should receive a high dose or adjuvanted flu vaccine.”
- **“Is it true that the flu vaccine can cause the flu?”**
 - **Possible response:** “The flu vaccine cannot cause the flu. Flu vaccines are made either with killed viruses that cannot infect you, parts of a virus that cannot infect you, or a very weak virus that cannot infect you. While a flu vaccine cannot give you the flu, some people do have some mild, short-lasting side effects after getting the flu vaccine. This can include mild headaches, slight fevers, muscle aches, nausea, or fatigue. For flu shots given by injection, patients may also have soreness, redness, or swelling where the shot was given. For nasal spray flu shots, patients may also have a mild runny nose, wheezing, cough, or sore throat.”¹⁴
- **“I saw a commercial for an RSV vaccine. Is this something I should get?”**
 - **Possible response:** “There are three RSV vaccines available for adults 60 years of age and older. The CDC recommends that adults 75 years of age and older receive an RSV vaccine. The RSV is also recommended for adults 60 to 74 years of age with underlying medical conditions. The RSV vaccine is also recommended during the last trimester of pregnancy at 32 to 36 weeks of pregnancy.”¹⁵
- **“Do you think I should get a COVID-19 vaccine?”**
 - **Possible response:** “Absolutely! COVID-19 vaccination is recommended every year for everyone over the age of 6 months based on individual decision making to protect you from severe illness, hospitalization, or death. It is especially important to get vaccinated if you are aged 65 or older, are at risk for severe COVID-19, or have never received a COVID-19 vaccine. If you have been vaccinated, you should get one dose of the Moderna, the Pfizer-BioNTech, or the

Novavax vaccine. If you have never received a COVID-19 vaccine in the past, you have options. You could get one dose of the Moderna or the Pfizer-BioNTech vaccine, or two doses of the Novavax vaccine 3–8 weeks apart followed by a third dose of any COVID-19 vaccine 6 months later. If you received one dose of the Novavax vaccine in the past, you should get a second dose of the Novavax vaccine followed by a third dose of any COVID-19 vaccine 6 months later. If you are 65 years of age or older, you should receive any COVID-19 vaccine between 2 and 6 months apart.”¹⁶

- **“Is it true that the COVID-19 vaccine can make you sick?”**
 - **Possible response:** “The COVID-19 vaccine cannot cause COVID. COVID-19 vaccines are made with either virus parts or short-lived mRNA code for a virus part. Neither of these can infect you. While COVID-19 vaccines cannot give you COVID, some people do have some mild, short-lived side effects. This can include mild headaches, slight fevers, muscle aches, nausea, or fatigue. It can also include soreness, redness, or swelling where the shot was given.”¹⁷

Responses Intended for the Family Members of Pediatric Patients

- **“My child is still feeling stuffy and congested from their [cold, sinusitis, or RSV]. What should we do?”**
 - **Possible response:** “I am sorry to hear that. We do not recommend giving children cough and cold medicines as these medications can cause serious harm. For example, children have become very lethargic or had difficulty breathing after receiving cough and cold medications. In general, we try to avoid these medications in children 12 years of age and younger and we absolutely avoid them in children under 6 years of age. There are, however, some other treatments you can try. Making sure your child stays hydrated may help to thin secretions and soothe the airway. For children greater than a year of age, you could try to give a teaspoon of honey every 2 hours to soothe a sore throat. You could either give the honey alone or mix it into juice, milk, or other fluids. Similarly, cough lozenges or hard candy can soothe irritated throats for children older than 6 years. We would not suggest it for younger children as it can be a choking risk. Nasal saline drops (followed by bulb suction for babies) can loosen up secretions and provide relief for children with congestion. For older children, saline nasal spray can be used. For children with fever, consider administering acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Motrin®). Always follow the instructions on the label to ensure appropriate pediatric dosing is being administered.”¹⁸
- **“Would it be helpful for my child to do sinus rinses to help with congestion?”**
 - **Possible response:** “Sinus rinses thin out mucus and can be helpful to provide relief from congestion for children over the age of one. Sinus rinses are commonly performed one to three times per day. To make the saltwater solution, use a clean, 1-quart glass jar. Fill the jar with distilled water or tapwater that has been boiled and cooled. Only use tapwater that has been boiled; tapwater that has not been boiled can cause serious infections. You can either buy premixed packets of salt meant for sinus washes or you can make your own. To make your

own salt solution, add 1 teaspoon of baking soda and 1 teaspoon of pickling or canning salt to the glass jar. Regular table salt is not recommended as it may contain other chemicals. You can use a squeeze bottle to do the saline rinse such as NeilMed Sinus Rinse® and NeilMed NasaFlo Neti Pot®. The devices should be cleaned periodically. Manufacturer videos can help you learn how to use sinus rinses.”⁶⁻¹⁰

- **“My child is still coughing. What should we do?”**
 - **Possible response:** “I am sorry to hear that. There are some treatments you can try. Making sure your child stays hydrated may help to thin secretions and soothe the airway. If your child has a fever, give acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Motrin® or Advil®). Generic or store-brand versions work as well as name-brand versions. If the air in your home is dry, use a humidifier. You can also run a warm shower. Have your child sit in the bathroom and breathe in the warm mist from the shower. We do not recommend giving children cough and cold medicines as these medications can cause serious harm. For example, children have become very sleepy or had difficulty breathing after receiving cough and cold medications. Try to avoid these medications in children 12 years of age and younger and we absolutely avoid them in children under 6 years of age.”^{5,18}
- **“It’s been 4 days, and my child is still feeling sick from the flu. What should we do?”**
 - **Possible response:** “I am sorry to hear that. The flu can make children and adults feel ill for a week or more. We do not recommend giving children cough and cold medicines as these medications can cause serious harm. For example, children have become very lethargic or had difficulty breathing after receiving cough and cold medications. In general, we try to avoid these medications in children 12 years of age and younger and we absolutely avoid them in children under 6 years of age. There are, however, some other treatments you can try. Keeping your child hydrated may help to thin secretions and soothe the airway. For children older than a year of age, you could try to give a teaspoon of honey every 2 hours to soothe a sore throat. You could either give the honey alone or mix it into juice, milk, or other fluids. Similarly, cough lozenges or hard candy can soothe irritated throats for children older than 6 years. We would not suggest them for younger children as they can be a choking risk. Nasal saline drops (followed by bulb suction for babies) can loosen up secretions and provide relief for children with congestion. For older children, saline nasal spray can be used. For children with fever, consider administering acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Motrin®).¹⁸
- **“It’s been 4 days, and my child is still feeling sick from COVID-19. What should we do?”**
 - **Possible response:** “I am sorry to hear that. COVID-19 can make children feel ill for a week or more. We do not recommend giving children cough and cold medicines as these medications can cause harm. For example, children have become dangerously sleepy or had difficulty breathing after receiving cough and cold medications. We try to avoid these medications in children 12 years of age

and younger and we absolutely avoid them in children under 6 years of age. There are other treatments you can try. Making sure your child stays hydrated may soothe the airway. For children older than a year of age, you could try to give a teaspoon of honey every 2 hours to soothe a sore throat. You could give the honey alone or mix it into juice, milk, or other fluids. Similarly, cough lozenges or hard candy can soothe irritated throats for children older than 6 years. We would not suggest them for younger children as they can be a choking risk. Nasal saline drops (followed by bulb suction for babies) can loosen up sections and provide relief for children with congestion. For older children, saline nasal spray can be used. For children with fever, consider giving acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Motrin®).¹⁸

- **“My friend said that their child got the flu vaccine. Is this something my child should get?”**
 - **Possible response:** “Flu vaccination is recommended for children over the age of 6 months. The first time your child between the age of 6 months and 8 years gets the flu vaccine, they should get two doses 4 weeks apart. Afterwards, and for children at least 9 years of age, children should get yearly flu vaccinations.”
- **“I saw a commercial for an RSV vaccine. Is this something my child should get?”**
 - **Possible response:** “There are three RSV vaccines that are commercially available but none of them are approved for children. There is a nonvaccine injection that can protect your baby against RSV infection. The injection (called Beyfortus®) is given to infants 8 months and younger if the mother did not receive RSV vaccination during pregnancy. We also give this injection to infants 8–19 months at increased risk for severe RSV during their second RSV season. Some examples of risk factors include babies with heart disease, lung disease, and weakened immune systems. Ask your child’s clinician if you think they may qualify.”¹⁹⁻²⁰
- **“My friend said that their child got the COVID-19 vaccine. Is this something my child should get?”**
 - **Possible response:** “COVID-19 vaccination is recommended for children over the age of 6 months based on individual decision making. Your child should get a yearly COVID-19 vaccine. If your child is younger than 5 years of age and has never been vaccinated, they should get two doses of the Moderna vaccine or three doses of the 2024-2025 Pfizer-BioNTech vaccine. If your child is younger than 5 years of age and has had at least one dose of the Moderna vaccine, they should get another dose of the Moderna vaccine. If your child is younger than 5 years of age and has had one dose of the Pfizer-BioNTech vaccine, they should get two doses of the Pfizer-BioNTech vaccine. If your child is younger than 5 years of age and has had two or more doses of the Pfizer-BioNTech vaccine, they should get one dose of the Pfizer-BioNTech vaccine. If your child is between the ages of 5 and 11 years, they should get one dose of the Moderna or Pfizer-BioNTech vaccine.”²¹

Responses Intended for Patients of All Ages

- **How long can I expect my cold or RSV symptoms to last?**
 - **Possible response:** “Sorry that you continue to feel unwell. In general, symptoms of a cold peak around day 3 and then gradually improve over the next 10 days. A cough, however, may continue for a few weeks. For people with a lung disease (for example, asthma, COPD, smokers) cold symptoms can a week or so longer.¹⁴⁻¹⁶ Antibiotics will not help the symptoms—including the cough—to resolve faster and might cause side effects that make you feel worse.”
- **“When might I need an in-person visit for my cold or RSV infection?”**
 - **Possible response:** “If any of the following occur we would suggest going to an emergency room right away: the development of high fevers (above 102 degrees Fahrenheit), confusion, blurry vision, difficulty breathing or swallowing, severe fatigue, or severe headache not resolving with pain medication. If you develop pain in your face or forehead, new fevers (101–102 degrees Fahrenheit) after fevers initially resolve, pain in the face or forehead, or if symptoms are not starting to improve after 10 days, seek in-person care in a clinic to determine if antibiotics may be necessary.”
- **“How long can I expect my flu symptoms to last?”**
 - **Possible response:** “Sorry that you continue to feel unwell. In general, flu symptoms are worst at around the third day, and people often feel unwell for a week. A cough, however, may continue for a few weeks. Antibiotics will not help the symptoms—including the cough—to resolve faster and might cause side effects that make you feel worse.”
- **“When should I call you to see if I need an in-person visit for the flu?”**
 - **Possible response:** “Seek an in-person visit if you develop new fevers (101–102 degrees Fahrenheit) after fevers initially resolve, pain in the face or forehead, a persistent high fever (above 102 degrees Fahrenheit), new fevers after fevers initially resolve, headache, pain in your face or forehead, a rash, or if your symptoms do not resolve after 10 days. Go to the emergency room right away if you develop high fevers (above 102 degrees Fahrenheit), confusion, severe fatigue, blurry vision, difficulty breathing or swallowing, or severe headache not resolving with pain medication.”
- **“How long can I expect my COVID-19 symptoms to last?”**
 - **Possible response:** “In general, symptoms are worst between 3 and 5 days after they begin, and people often feel unwell for 1 to 2 weeks. Antibiotics will not help you get better faster and may cause side effects that make you feel worse.”
- **“Should I worry about Long COVID?”**
 - **Possible response:** “Long COVID is a chronic condition that occurs after COVID-19 and is present for at least 3 months. People with Long COVID can have many symptoms weeks to months after getting COVID. Some patients have shortness of breath, cough, fatigue, difficulty concentrating, difficulty exercising, memory changes, headaches, dizziness, fast heart rate, sleep problems,

changes in taste and smell, bloating, constipation, or diarrhea. It occurs more often in people who have had severe COVID-19. However, anyone with COVID-19 can get Long COVID. Children also can get Long COVID. If you are still feeling poorly 2 to 3 weeks after getting COVID, please see me in person.”²²

- **“When should I call you to see if I need an in-person visit for COVID-19?”**
 - **Possible response:** “Seek an in-person visit if you develop new fevers or a fever that doesn’t go away, pain in the face or forehead, headache, or a rash. Go to the emergency room if you develop high fevers, confusion, severe fatigue, blurry vision, difficulty breathing or swallowing, chest pain, or severe headache. If you are still having symptoms 2 to 3 weeks after your diagnosis, please see me in person.”
- **“How long can I expect my bronchitis or acute cough symptoms to last?”**
 - **Possible response:** “In general, bronchitis symptoms can last for as long as 3 weeks. Antibiotics will not help the symptoms—including the cough—to resolve faster and might cause side effects that make you feel worse.”
- **“When might I need an in-person visit for bronchitis or acute cough?”**
 - **Possible response:** “Seek an in-person visit if you have a fever of over 102 degrees Fahrenheit or develop a rash, or if you do not feel better after 3 weeks.⁹ Go to the emergency department if you develop trouble breathing, trouble swallowing, shortness of breath, confusion, a bad headache, severe weakness, or other symptoms that concern you.”

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