

Symptom Correlation Analysis of Upper Respiratory Tract Infections in Children at Primary Community Health Service Centers

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Abstract: Objective: To investigate the time-to-cure correlation of upper respiratory tract infections in children in primary community health service centers, and to provide high-quality medical technology for primary health care. Methods: A total of 70 children from January 2020 to January 2021 were admitted to the hospital and treated for 3 weeks to compare the treatment effects. Results: The recurrent causes of recurrent upper respiratory tract infections in children were viral infections, immune abnormalities, malnutrition, bronchial asthma, chronic diseases, iron deficiency anemia, the main causes were viral infections, and there were statistical differences in the number of incidences, course and interval of onset in the control group. Conclusion: The nature of treatment in grassroots community health service centers can be analyzed in a timely and effective manner and is worth promoting.

Keywords: Upper Respiratory Tract; Lower Respiratory Tract; Primary Community

Introduction

Respiratory syncytial virus (RSV) is the most important pathogen of lower respiratory tract infections in infants and young children worldwide^[1], and RSV infection can cause bronchiolitis, pneumonia, and even respiratory failure. At the same time, the combination of upper respiratory tract infections is easy to cause serious complications of children's respiratory tract, while the treatment timing, cure effect and timeliness can be effectively observed, the lack of resources in the primary medical community has also led to a shortage of medical technology and materials, unable to keep up, and the epidemic season of RSV has also undergone major changes after the epidemic. RSV detection rates are higher in the winter and lower in the summer, but after the COVID-19 outbreak, RSV detection rates have declined sharply worldwide, with the maximum decline rate being 70% to 90% due to measures such as wearing masks, hand hygiene, and social distancing^[2]. At the same time, factors such as immune abnormalities, malnutrition, bronchial asthma, chronic diseases, and iron deficiency anemia have also improved the satisfaction of patients seeking medical treatment, and the curative nature of grass-roots community health service centers can be effectively analyzed and worth promoting.

1. Information and Methods

Our hospital selected 140 children from January 2020 to January 2021, 70 cases, respectively, the treatment intervention for 3 weeks, the treatment effect analysis, the control group of 34 boys and 36 girls; Age 1-10 years, mean age (8.29 ± 1.24 years). Statistical analysis of variance.

1.1 Inclusion and exclusion criteria

Selection Criteria:

Fever is mild or non-feverish. The symptoms caused by nasal congestion and nasal congestion are more prominent, the common cold. Nasal congestion, nasal discharge, sneezing, sore throat, dysphagia, fever, cough, cervical lymphadenopathy, crying and restlessness, breathing open, difficulty sucking, refusing to breastfeed, sometimes accompanied by vomiting and diarrhea. Systemic toxicity symptoms are more serious, and suddenly high fever at the beginning of the fever is 39.5-40 °C, lasting 1-2 days, some people suffer from high fever and convulsions; Symptoms such as nasal congestion, runny nose, cough or sore throat are generally severe; (3) Often accompanied by digestive tract symptoms such as refusal to eat, vomiting, diarrhea or constipation; There is a high fever, accompanied by chills, headache, sour taste throughout the body, loss of appetite and other upper respiratory symptoms are generally obvious

Method:

Treatment observation group: such as crying and restlessness, breathing with open mouth, difficulty sucking, lactation refusal, etc., sometimes accompanied by vomiting and diarrhea, and severe symptoms of systemic toxicity, 1 Medication 1 1. Antibiotic therapy: the common cold does not require antibiotics, there is evidence of bacterial infections such as elevated white blood cells, pus mass in the pharynx, yellow sputum cough and runny nose, oral penicillin, first-generation cephalosporins, macrolides or quinolones are available, and it is rare to select sensitive antibiotics depending on the pathogen.

1.2 Antiviral drug therapy

For patients without fever, normal immune function, and the onset of the disease does not exceed 2 days, there is generally no need to apply antiviral drugs. For immunocompromised patients, early routine use of ribavirin and oseltamivir has a strong inhibitory effect on influenza viruses and respiratory syncytial viruses. 2. Traditional Chinese medicine treatment: By giving traditional Chinese medicine with antipyretic and detoxifying or antiviral effects, it can identify upper respiratory tract infections and help improve symptoms, such as Xiaochai Hu Chong Agent, Ban Lan Root Agent, etc., which are widely used.

2. Other treatments

Symptomatic treatment can be taken in patients with upper respiratory tract infections: 1. Fever: For patients with high fever, physical cooling can be used, cold compresses can be performed, ice packs can be placed in the armpits, groin and head, or oral acetaminophen or ibuprofen. 2. Sore throat: various throat tablets can be taken orally to relieve symptoms. 3. Cough: For people with obvious cough symptoms, dextromethorphan, valeric acid bacteriocin, hydroxymethyl group and so on can be given Antitussive.

3. Laboratory tests

3.1 Blood routine

The total number of peripheral blood leukocytes in patients infected with the virus is not high or low, neutropenia, lymphatic.

The proportion of cells is relatively increased, and some children may have a decrease in the total number of white blood cells and lymphocytes.

Peripheral blood white blood cells and neutrophils can be increased in bacterial infected.

Pathogenic examination.

4. Principles of treatment.

Because most colds are caused by viral infections, they are self-limiting and for most people.

There is no specific drug for the virus, so symptomatic treatment is the mainstay. Only a small percentage are present when bacterial infection is present.

Consider antibiotics before use. The basic principles of treatment are as follows:

If the symptoms are mild, no drug treatment is needed, and the symptoms obviously affect daily life before taking medicine.

Symptomatic treatment is the mainstay.

Pay attention to rest and replenish liquids appropriately.

Avoid secondary bacterial infections, etc.

5. General treatment

Appropriate bed rest, drink more water, eat lightly, and maintain nasal, pharyngeal and oral hygiene;

If drug treatment is required, oral route is preferred to avoid blind intravenous infusion.

If there is headache and fever, you can choose antipyretic analgesics or proprietary Chinese medicines. Antipyretic drugs include paracetyl

Aminophenol, ibuprofen and the like. Nasal drops can be applied topically.

Observe the indicators

3 weeks watch form 1

Fever	Cough Chills	, headache, Enlarged	sour taste throughout the body, lymph nodes in the neck	loss of appetite	
Number of cases (n) 36	33	20	18	15	10
		8			
Percentage (%) 25.71	23.57	14.29	12.86	10.71	7.14
		5.71			

Discussion

The analysis of the symptoms related to the cure time of children's upper respiratory tract infection by the grass-roots community health service center and the relevant guidelines for acute upper respiratory tract infection in children are the basic basis for clinical prevention and treatment, but for this common clinical disease, there are provisions for the use of antibiotic drugs for children's acute upper respiratory tract sensitivity, but there are still relatively common antibiotic abuse problems in the clinic. [3] The literature shows that antibiotics have good efficacy and application prospects in the treatment of acute upper respiratory tract infections in children, while immune abnormalities, malnutrition, bronchial asthma, chronic diseases, iron deficiency anemia, etc. increase the satisfaction of patients seeking medical treatment and upper respiratory tract patients. Symptomatic therapy may be given to patients with high fever, body cold, cold compresses, ice packs in the armpits, groin, and head, or oral acetaminophen or ibuprofen. Sore throat can be taken orally to relieve symptoms, cough and cough symptoms are more obvious, can be given dextromethorphan, valerate, hydroxymethanesulfonic acid and other cough medicines. The nature of treatment in grass-roots community health service centers can be analyzed in a timely and effective manner and is worthy of promotion.

References

- [1] Starr, McAllisterda, O'Brien Kuala Lumpur, etc. Global, regional and National disease burden estimates for acute lower respiratory tract Infections caused by respiratory syncytial virus in young children 2015: Systematic Review and Modeling Research[J], The Lancet, 2017, 390(10098): 946-958.
- [2] Gastardi A, Dona D, Barbiri E, et al., COVID-19 Course Hygiene of respiratory syncytial virus (RSV)[J]. Journal of Children, 2021, 8(12):1144.
- [3] Ma R, Shen KL. Guidelines for the clinical application of proprietary Chinese medicines in the treatment of acute upper respiratory tract infections in children (2020)[J].Chinese Journal of Integrative Medicine,2021,41(02):143-150.