Signs and Symptoms Chart

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Cold Symptoms	*Viruses* (early stage of many viruses) • Adenovirus • Coxsackievirus • Enterovirus • Parainfluenza virus • Respiratory syncytial virus • Rhinovirus • Coronavirus • Influenza *Bacteria* • Mycoplasma	• Runny or stuffy nose • Scratchy throat • Coughing • Sneezing • Watery eyes • Fever	Not necessary	Yes	No, unless • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood red or purple rash not associated with injury. • Child meets other exclusion criteria	• Exclusion criteria are resolved.
Cough (May come from congestion any where from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	• Common cold • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis	• Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough	Not necessary	Yes	No, unless • Severe cough • Rapid and/or difficult breathing • Wheezing if not already evaluated and treated • Cyanosis (ie, blue color of skin and mucous membranes)	• Exclusion criteria are resolved.
Diaper Rash	• Irritation by rubbing of diaper material against skin wet with urine or stool • Infection with yeast or bacteria	• Redness • Scaling • Red bumps • Sores • Cracking of skin indiaper region	Not necessary	Yes	No, unless • Oozing sores that leak body fluids outside the diaper	• Exclusion criteria are resolved.
Diarrhea	Usually viral, less commonly bacterial or parasitic	• Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.) • Abdominal cramps. • Fever. • Generally not feeling well. • Sometimes accompanied by vomiting.	For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week	Yes	Yes, if • Stool is not contained in the diaper for diapered children. • Diarrhea is causing "accidents" for toilet-trained children. • Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation. • Blood/mucus in stool. • Abnormal color of stool for child (eg, all black or very pale). • No urine output in 8 hours. • Jaundice (ie, yellow skin or eyes). • Fever with behavior change. • Looks or acts very ill.	• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by *Shigella*, *Salmonella*, or *Giardia*. • Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. • Able to participate.

Source: American Academy of Pediatrics (AAP). 2009. *Managing infectious diseases in child care and schools: A quick reference guide*. Eds. S. S. Aronson, T. R. Shope. 2nd ed. Elk Grove Village, IL: AAP. Used with permission of the AAP, 2010.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Difficult or Noisy Breathing	1. Common cold 2. Croup 3. Epiglottitis 4. Bronchiolitis 5. Asthma 6. Pneumonia 7. Object stuck in airway	1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever. 2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. 4 and 5. Bronchiolitis and Asthma: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in. 6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). 7. Object stuck in airway: Symptoms similar to croup (2 above).	Not necessary	Yes	Yes, if • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood red or purple rash not associated with injury. • The child meets other exclusion criteria	• Exclusion criteria are resolved.
Earache	• Bacteria or viruses • Often occurs in context of common cold	• Fever • Pain or irritability • Difficulty hearing • "Blocked ears" • Drainage • Swelling around ear	Not necessary	Yes	No, unless • Unable to participate. • Care would compromise staff's ability to care for other children. • Fever with behavior change.	• Exclusion criteria are resolved.
Eye Irritation, Pinkeye	1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)	1. Bacterial infection: Pink color instead of whites of eyesandthick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3 and 4. Allergic and chemical irritation: Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.	Yes, if 2 or more children have red eyes with watery discharge	Yes	*For bacterial conjunctivitis* No. Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics. *For other forms* **No, unless** • The child meets other exclusion criteria Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	• *For bacterial conjunctivitis*, once parent has discussed with health professional. Antibiotics may or may not be prescribed. • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Fever	• Any viral, bacterial, or parasitic infection • Overheating • Reaction to medication (eg, vaccine, oral) • Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy)	Flushing, tired, irritable, decreased activity Notes • Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks. • Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures. Warning: *Do not* give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).	Not necessary	Yes	No, unless • Behavior change. • Unable to participate. • Care would compromise staff's ability to care for other children. Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are • 100°F (37.8°C) axillary (armpit) • 101°F (38.3°C) orally • 102°F (38.9°C) rectally • Aural (ear) temperature equal to oral or rectal temperature **Get immediate medical attention when** infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.	• Able to participate • Exclusion criteria are resolved.
Headache	• Any bacterial/viral infection • Other noninfectious causes	• Tired and irritable • Can occur with or without other symptoms	Not necessary	Yes	**No, unless** • Child is unable to participate Note: **Notify health professional** in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest)—different from soreness in the side of the neck.	• Able to participate

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Itching	1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice 5. Scabies 6. Allergic or irritant reaction (eg, poison ivy) 7. Dry skin or eczema 8. Impetigo	1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. 2. Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Pinworm: Anal itching. 4. Head lice: Small insects or white egg sheaths (nits) in hair. 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). 7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. 8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.	For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickerpox	**Yes**	For chickenpox, scabies, and impetigo **Yes** For ringworm and head lice **Yes, at the end of the day** • Children should be referred to a health professional at the end of the day for treatment. For pinworm, allergic or irritant reactions, and eczema **No, unless** • Appears infected as a weeping or crusty sore Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.	• Exclusion criteria are resolved. • On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
Mouth Sores	1. Oral thrush (yeast infection) 2. Herpes or coxsackievirus infection 3. Canker sores	1. Oral thrush: White patches on tongue and along cheeks 2. Herpes or coxsackievirus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Canker sores: Painful ulcers on cheeks or gums	Not necessary	**Yes**	**No, unless** • Drooling steadily related to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children.	• Able to participate. • Exclusion criteria are resolved.
Rash	Many causes 1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) 3. Severe bacterial infections: meningococcus, pneumococcus, *Staphylococcus aureus* (MSSA, MRSA).	• Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. 1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus. 3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill.	For outbreaks	**Yes**	**No, unless** • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness	• Able to participate in daily activities. • On antibiotic medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

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Sore Throat (pharyngitis)	1. Viral—common cold viruses that cause upper respiratory infections 2. Strep throat	1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. 2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.	Not necessary	**Yes**	**No, unless** • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The child meets other exclusion criteria	• Able to swallow. • Able to participate. • On medication at least 24 hours (if strep). • Exclusion criteria are resolved.
Stomachache	1. Viral gastroenteritis or strep throat 2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder	1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen.	Not unless multiple cases in same group within 1 week.	**Yes**	**No, unless** • Severe pain causing child to double over or scream • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill	• Pain resolves. • Able to participate. • Exclusion criteria are resolved.
Swollen Glands (properly called swollen lymph nodes)	1. Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection) 2. Bacterial infection of lymph nodes that become overcome and infected by bacteria they are responding to as part of the body's defense system	1. Normal lymph node response: Swelling at front, sides, and back of the neck and ear, in the armpit or groin, or anywhere else near an area of an infection. 2. Bacterial infection of lymph nodes: Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected.	Not necessary	**Yes**	**No, unless** • Difficulty breathing or swallowing • Red, tender, warm glands • Fever with behavior change	• Child is on antibiotics (if indicated). • Able to participate. • Exclusion criteria are resolved.
Vomiting	• Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	For outbreak	**Yes**	**Yes, if** • Vomited more than 2 times in 24 hours • Vomiting and fever • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill • Vomit that appears green/bloody	• Vomiting ends.