SYMPTOM

Stuffy or runny nose - children

A child's nose may feel blocked, release mucus, or do both.

WHAT IT FEELS LIKE
My child's nose feels blocked, drips, or both

WHERE IT IS FELT
Nose and back of the throat

MOST COMMON CAUSES
Viral colds, allergies, dry or irritated air

WHEN IT IS URGENT
Fever in a baby younger than 3 months

USUALLY LASTS
About 7 to 10 days with a cold

SEE A DOCTOR IF
Lasts beyond 10 days without improvement

Overview

A stuffy nose means swelling or mucus is making it hard for air to pass through the nose. A runny nose is mucus draining from the nostrils. Many children have both at the same time.

The medical term for a runny nose is rhinorrhea . Nasal congestion means a blocked or stuffy nose. These are symptoms rather than a diagnosis, and they can have several causes.

Most cases are related to a viral cold and improve with time. Allergies and irritants are also common. Babies may find congestion especially uncomfortable because they rely heavily on breathing through their noses while feeding.

What it may feel or look like

Your child may sniff, breathe through their mouth, or say that their nose feels full. Babies may pause more often during feeds. Mucus may be clear, cloudy, yellow, or green.

Other symptoms can offer clues about the cause:

Mucus changing from clear to yellow or green is common during a cold. Colour alone does not show that a child needs antibiotics like amoxicillin or doxycycline .

- Sneezing, an itchy nose, and watery eyes often occur with allergies
- Sore throat, cough, or a mild fever may occur with a cold
- Snoring or ongoing mouth breathing can accompany long-term blockage
- Discharge from only one nostril may suggest something inside the nose

Common causes

Viral infections are the most common cause. Colds can make the lining of the nose swell and produce extra mucus. Influenza, COVID-19, and respiratory syncytial virus can also cause nasal symptoms, usually with other signs of illness.

Allergic rhinitis , sometimes called hay fever, is a reaction to triggers such as pollen, dust mites, mould, or animal dander. Symptoms may return during certain seasons or after a particular exposure. Itching and repeated sneezing are common.

Dry air and irritants can inflame the nose. Tobacco smoke, vaping aerosols, strong fragrances, cleaning sprays, and air pollution may trigger or worsen symptoms.

Less common causes include enlarged adenoids, which are pads of tissue behind the nose, or sinusitis, meaning inflammation or infection of the air-filled spaces around the nose. Structural differences inside the nose can also cause persistent blockage.

A small object in one nostril can cause one-sided, unpleasant-smelling, or blood-stained discharge. Young children may not say that they placed something there. A button battery or paired magnets in the nose can quickly injure tissue and require emergency removal.

When to seek medical care

Call emergency services if your child is struggling to breathe, has pauses in breathing, develops blue or grey lips, becomes very difficult to wake, or appears to be choking. Severe breathing trouble is an emergency even if the nose seems to be the main problem.

Seek urgent medical care if:

Contact a doctor the same day if your child seems very unwell, symptoms improve and then clearly worsen, or there is one-sided foul-smelling or bloody discharge.

Book a routine appointment if congestion lasts longer than 10 days without improving, keeps returning, or regularly affects sleep, feeding, hearing, or school. Ongoing facial pain, frequent nosebleeds, persistent snoring, or long-term mouth breathing should also be assessed.

- A baby younger than 3 months has a fever
- Your child is breathing rapidly or pulling in under the ribs
- Your child cannot drink enough or has signs of dehydration
- You suspect a button battery or magnets are in the nose
- Clear watery fluid drains from the nose after a serious head injury
- Swelling or redness develops around an eye

How the cause is found

A clinician will ask when the symptoms began, whether they come and go, and what else is happening. Details about fever, itching, sneezing, cough, pain, sleep, feeding, and possible allergy triggers can help.

They may look inside the nose and examine the throat, ears, breathing, and hydration. Most children with a simple cold do not need tests.

A viral test may be considered if the result would change care or help protect other people. Allergy testing may be useful when symptoms are persistent or the trigger is unclear. If an object is suspected, the nose may need examination with special lighting or referral to someone experienced in safe removal. Imaging scans are not routinely needed for an uncomplicated runny nose.

Treatment and self-care

Treatment depends on the likely cause and your child's age. A viral cold usually gets better without specific treatment.

Saline nose drops or spray can loosen mucus. For a baby, you can use saline before feeds or sleep and then gently suction the nostrils with a bulb or suitable nasal aspirator. Frequent or forceful suction can irritate the nose.

Offer regular fluids. A clean, cool-mist humidifier may help if indoor air is dry. Keep your child away from smoke, vaping aerosols, and strong scents. Avoid bowls of hot water or steam inhalation because they can cause burns.

Infants should continue to sleep on a firm, flat surface without pillows or mattress elevation. Holding a congested baby more upright while awake may make feeding easier.

Cough-and-cold products and decongestants are not suitable for every age and can cause

harmful side effects. Check the label and ask a pharmacist or clinician before giving one to a child. Never give a child an adult cold medicine. Decongestant nose sprays can make congestion return or worsen if used too long.

If allergies are suspected, a clinician or pharmacist can advise whether an age-appropriate antihistamine or steroid nose spray may help. Antibiotics do not treat viral colds and are only used when a clinician finds a bacterial infection that may benefit from them.

What to expect

Cold symptoms often become strongest during the first few days and then improve. Nasal symptoms commonly last about 7 to 10 days, although some can continue for up to two weeks.

Allergy symptoms may continue while the child remains exposed to the trigger. They may also return at the same time each year. Symptoms caused by smoke or strong scents often ease when the exposure stops.

Watch the overall pattern rather than mucus colour alone. Gradual improvement is reassuring. A new fever, worsening pain, breathing difficulty, or symptoms that improve and then return more strongly deserve medical advice.

Common questions

Does green mucus mean my child needs antibiotics?

Not by itself. Mucus often becomes yellow or green as immune cells collect during a viral cold. The duration, severity, and pattern of symptoms matter more than colour.

Could teething cause a runny nose?

Teething may happen at the same time as minor nasal symptoms, but it does not usually explain significant congestion, breathing trouble, or fever. Do not assume that an unwell child is only teething.

Should my child stay home from school or childcare?

Follow local rules. A mild runny nose alone may not require staying home if your child feels well enough to participate. Keep them home if they have a fever, significant breathing symptoms, vomiting, or are too unwell for normal activities.

Can I remove something from my child's nose?

Do not probe with fingers, tweezers, or cotton swabs because this can push it farther in. Seek medical help, especially for a button battery, magnets, breathing trouble, bleeding, or an object

that is not easily removed.

Sources

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- American Academy of Pediatrics, Subcommittee on the Management of Sinusitis. Clinical Practice Guideline for the Diagnosis and Management of Acute Bacterial Sinusitis in Children Aged 1 to 18 Years . Pediatrics. 2013;132(1):e262-e280
- Royal Children's Hospital Melbourne. Clinical Practice Guidelines: Foreign Bodies-Nose . Pediatric emergency guidance
- National Health Service. Colds, Coughs and Ear Infections in Children . NHS health guidance