## Signs and Symptoms Chart

### Routine Exclusion Criteria Applicable to All Signs and Symptoms

- Unable to participate.
- Care would compromise staff's ability to care for other children.
- Child meets other exclusion criteria.

### Sign or Symptom | Common Causes | Complain| 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
- Coronavirus
- Enterovirus
- Influenza virus
- Parainfluenza virus
- Respiratory syncytial virus (RSV)
- Rhinovirus
- Rickettsia
- Mycoplasma
- Pertussis) | Coughing
- Runny or stuffy nose
- Scratchy throat
- Sneezing
- Fever
- Watery eyes | Not necessary unless epidemic occur (ie, RSV or vaccine-preventable disease like measles or varicella [chickenpox]) | 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 routine exclusion criteria.
| Exclusion criteria are resolved. |

**Cough** (Cough is a body response to something that is irritating tissues in the airway anywhere from the nose to the lungs.) | Common cold
- Lower respiratory infection (eg, pneumonia, bronchiolitis)
- Croup
- Asthma
- Sinus infection
- Bronchitis
- Pertussis
- Noninfectious causes like allergies (Dry or wet cough
- Runny nose (clear, white, or yellow-green)
- Sore throat
- Throat irritation
- Hoarse voice, barking cough
- Coughing fits) | Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis | Yes | No, unless
- Severe cough.
- Rapid or difficult breathing.
- Wheezing if not already evaluated and treated.
- Cyanosis (ie, blue color of skin or mucous membranes).
- Pertussis is diagnosed and not yet treated.
- Fever with behavior change.
- Child meets routine exclusion criteria.
| 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 in diaper region | Not necessary | Yes | No, unless
- Oozing sores that leak body fluids outside the diaper.
- Child meets routine exclusion criteria.
| Exclusion criteria are resolved. |

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<td><strong>Diarrhea</strong></td>
<td>• Usually viral, less commonly bacterial or parasitic</td>
<td>• Frequent loose or watery stools compared with 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.)</td>
<td>Yes, if 1 or more cases of bloody diarrhea or 2 or more children in same group with diarrhea within a week</td>
<td>Yes, if</td>
<td>• Directed by the local health department as part of outbreak management.</td>
<td>• Cleared to return by health care provider for all cases of bloody diarrhea and diarrhea caused by Shiga toxin-producing <em>Escherichia coli</em>, <em>Shigella</em>, or <em>Salmonella</em> serotype Typhi until negative stool culture requirement has been met.</td>
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<td>• Noninfectious causes such as dietary (drinking too much juice), medications, inflammatory bowel disease, or cystic fibrosis</td>
<td>• Abdominal cramps • Fever • Generally not feeling well • Vomiting occasionally present</td>
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<td>• Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.</td>
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<td><strong>Difficult or Noisy Breathing</strong></td>
<td>• Common cold • Group • Epiglottitis • Bronchiolitis • Asthma • Pneumonia • Object stuck in airway • Exposed to a known trigger of asthma symptoms (eg, animal dander, pollen)</td>
<td>• Common cold: stuffy/runny nose, sore throat, cough, or mild fever. • Group: barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), or very noisy breathing, especially when breathing in. • Epiglottitis: gasping noisily for breath with mouth wide open, chin pulled down, high fever, or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. • 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. • Pneumonia: deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). • Object stuck in airway: symptoms similar to croup (listed previously). • Exposed to a known trigger of asthma symptoms: a known trigger and breathing that sounds or looks different from what is normal for that child.</td>
<td>Not necessary except for epiglottitis</td>
<td>Yes, if</td>
<td>• Fever with behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Rapid or difficult breathing. • Wheezing if not already evaluated and treated. • Cyanosis (ie, blue color of skin or mucous membranes). • Cough interferes with activities. • Breath sounds can be heard when the child is at rest. • Child has blood-red or purple rash not associated with injury. • Child meets routine exclusion criteria.</td>
<td>Exclusion criteria are resolved.</td>
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<td><strong>Earache</strong></td>
<td>• Bacteria • Often occurs in context of common cold virus</td>
<td>• Fever • Pain or irritability • Difficulty hearing • “Blocked ears” • Drainage • Swelling around ear</td>
<td>Not necessary</td>
<td>Yes, unless</td>
<td>No, unless child meets routine exclusion criteri.</td>
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| Eye Irritation, Pinkeye | • Bacterial infection of the membrane covering 1 or both eyes and eyelids (bacterial conjunctivitis)  
• Viral infection of the membrane covering 1 or both eyes and eyelids (viral conjunctivitis)  
• Allergic irritation of the membrane covering 1 or both eyes and eyelids (allergic conjunctivitis)  
• Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution, smoke exposure)  
• Bacterial infection: pink color of the “whites” of eyes and thick yellow/green discharge. Eyelid may be irritated, swollen, or crusted.  
• Viral infection: pinkish/brown color of the whites of the eye; irritated, swollen eyelids; watery discharge with or without some crusting around the eyelids; may have associated cold symptoms.  
• Allergic and chemical irritation: red, tearing, itchy, puffy eyelids; runny nose, sneezing; watery/stringy discharge with or without some crusting around the eyelids. | Yes, if 2 or more children have red eyes with watery discharge  
Yes, if 2 or more children have red eyes with watery discharge. Antibiotics may or may not be prescribed.  
Exclusion is no longer required for this condition. | Yes | Yes | For bacterial conjunctivitis  
No. Exclusion is no longer required for this condition. Health care providers 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 eye problems  
No, unless child meets other exclusion criteria. | • For bacterial conjunctivitis, once parent has discussed with health care provider. Antibiotics may or may not be prescribed.  
• Exclusion criteria are resolved. |
| Fever | • Any viral, bacterial, or parasitic infection  
• Vigorous exercise  
• Reaction to medication or vaccine  
• Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy)  
• 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 medical evaluation. These seizures are frightening but are usually brief (less than 15 minutes) and do not cause the child any long-term harm. Parents should inform their child’s health care provider 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).  
• Any bacterial/viral infection  
• Other noninfectious causes  
• Tired and irritable, decreased activity | Not necessary | No, unless  
• Behavior change or other signs of illness in addition to fever or child meets other routine exclusion criteria.  
• Unable to participate.  
• Care would compromise staff's ability to care for other children.  
**Note:** A temperature considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for infants and children older than 2 months is above 101°F (38.3°C) from any site (axillary, oral, or rectal).  
Get medical attention when infants younger than 4 months have unexplained fever. In any infant younger than 2 months, a temperature above 100.4°F (38.0°C) is considered meaningfully elevated and requires that the child get medical attention immediately, within an hour if possible. The fever is not harmful; however, the illness causing it may be serious in this age group.  
• Other infectious causes  
• Can occur with or without other symptoms | Yes | No, unless child meets routine exclusion criteria.  
**Note:** Notify health care provider in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. It would be concerning if the back of the neck is painful or the child can’t look at his or her belly button (putting chin to chest)—different from soreness in the side of the neck. | • Exclusion criteria are resolved. |
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<td>Itching</td>
<td>• Ringworm</td>
<td>• Ringworm: itchy ring-shaped patches on skin or bald patches on scalp. • Chickenpox: blister-like spots surrounded by red halos on scalp, face, and body; fever, irritable. • Pinworm: anal itching. • Head lice: small insects or white egg sheaths that look like grains of sand (nits) in hair. • Scabies: severely itchy red bumps on warm areas of body, especially between fingers or toes. • Allergic or irritant reaction: raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). • 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 face and anywhere on body but not usually in diaper area. If swollen, red, or oozing, think about infection. • Impetigo: areas of crusted yellow, oozing sores. Often around mouth or nasal openings or areas of broken skin (insect bites, scrapes).</td>
<td>Yes, for infections such as lice and scabies; if more than 1 child in group has impetigo or ringworm; for chickenpox</td>
<td>Yes</td>
<td>Yes, until lesions are fully crusted</td>
<td>For chickenpox, impetigo, scabies, and head lice Yes, at the end of the day</td>
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<td>• Chickenpox</td>
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<td>For ringworm, impetigo, scabies, and head lice No, unless or irritant reactions like hives, and eczema</td>
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<td>• Pinworm</td>
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<td>No, unless appears infected as a weeping or crusty sore</td>
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<td>• Head lice</td>
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<td>Note: Although exclusion for these conditions is not necessary, families should seek advice from the child’s health professional for how to care for these health problems. For any other itching No, unless the child meets routine exclusion criteria.</td>
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<tr>
<td></td>
<td>• Scabies</td>
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<td></td>
<td>• Allergic or irritant reaction (eg, poison ivy)</td>
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<td></td>
<td>• On antibiotic medication for required period (if indicated).</td>
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<td></td>
<td>• Impetigo</td>
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<td>Mouth Sores</td>
<td>• Oral thrush (yeast infection)</td>
<td>• Oral thrush: white patches on tongue, gums, and above inner cheeks</td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless</td>
<td>Dealing steadily related to mouth sores.</td>
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<td>• Herpes or coxsackievirus infection</td>
<td>• Herpes or coxsackievirus infection: pain on swallowing; fever; painful, white/pink spots in mouth; swollen neck, glands; fever blister, cold sore; reddened, swollen, painful lips</td>
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<td></td>
<td>• Canker sores</td>
<td>• Canker sores: painful ulcers inside cheeks or on gums</td>
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<td>Rash</td>
<td>• Many causes</td>
<td>• Skin may show similar findings with many different causes. Determining cause of rash requires a competent health care provider evaluation that takes into account information other than just how rash looks. However, if the child appears well other than the rash, a health care provider visit is not necessary. • Viral: usually signs of general illness such as runny nose, cough, and fever (except not for warts or molluscum). Some viral rashes have a distinctive appearance. • Minor skin infections and infestations: see itching. • More serious skin infections: redness, pain, fever, pus. • Severe bacterial infections: rare. These children usually have fever with a rapidly spreading blood-red rash and may be very ill. • Allergy may be associated with a raised, itchy, pink rash with bumps that can be as small as a pinpoint or large welts known as hives. See also itching for what might be seen for allergy or contact (irritant) dermatitis or eczema.</td>
<td>For outbreaks, such as multiple children with impetigo within a group</td>
<td>Yes</td>
<td>No, unless</td>
<td>Rash with behavior change or fever.</td>
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<td>• Herpetic: chickenpox, varicella, chickenpox, molluscus contagiosum, warts, cold sores, shingles (herpes zoster), and others</td>
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<td>• Severe bacterial infections: meningococcus, pneumococcus, Staphylococcus (methicillin-susceptible Staphylococcus aureus, methicillin-resistant Staphylococcus aureus, Streptococcus)</td>
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<td>• Noninfectious causes: allergy (hives), eczema, contact (irritant) dermatitis, medication related, poison ivy</td>
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| Sore Throat (pharyngitis)| • Viral—common cold viruses that cause upper respiratory infections  
• Strep throat       | • Viral: verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). Often see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.  
• Strep throat: 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. Unlike viral pharyngitis, strep throat infections are not accompanied with cough or runny nose in children older than 3 years.  
• Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes 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.  
• Child meets routine exclusion criteria.  
Note: Most children with red back of throat or tonsils, pus on tonsils, or swollen lymph nodes have viral infections. If strep is present, 12 hours of antibiotics is required before return to care. However, tests for strep infection are not often necessary for children younger than 3 years because these children do not develop rheumatic heart disease—the primary reason for treatment of strep throat. | • Able to swallow.  
• On medication at least 12 hours (if strep).  
• Exclusion criteria are resolved. |
| Stomachache             | • Viral gastroenteritis or strep throat:  
• Problems with internal organs of the abdomen such as intestine, colon, liver, bladder  
• Nonedematous, behavioral, and dietary causes  
• If combined with hives, may be associated with a severe allergic reaction       | • Viral gastroenteritis or strep throat: Vomiting and diarrhea or cramping are signs of a viral infection of the stomach or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. In children older than 3 years, if cough or runny nose is present, strep is very unlikely.  
• Problems with internal organs of the abdomen: persistent severe pain in abdomen.  
• Nonspecific stomachache: vague complaints without vomiting/diarrhea or much change in activity, | If 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 (see Diarrhea).  
• Vomiting (see Vomiting).  
• Yellow skin/yellow eyes.  
• Fever with behavior change.  
• Looks or acts very ill.  
• Child meets routine exclusion criteria. | • Pain resolves.  
• Able to participate.  
• Exclusion criteria are resolved. |
| Swollen Glands (properly called swollen lymph nodes) | • 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)  
• Bacterial infection of lymph nodes that is more than the normal response to infection near where the lymph nodes are located | • 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. Usually, these nodes are less than 1” across.  
• 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. Usually these nodes are larger than 1” across. | Not necessary | Yes | No, unless:  
• Difficulty breathing or swallowing.  
• Red, tender, warm glands.  
• Fever with behavior change.  
• Child meets routine exclusion criteria. | • Child is on antibiotics (if indicated).  
• Exclusion criteria are resolved. |
| Vomiting                | • Viral infection of the stomach or intestine (gastroenteritis)  
• Coughing strongly  
• Other viral illness with fever  
• Noninfectious causes: food allergy (—vomiting, sometimes with hives) trauma, dietary and medication related, headache | Diarrhea, vomiting, or cramping for viral gastroenteritis | For outbreak | Yes | Yes, if:  
• Vomited more than 2 times in 24 hours  
• Vomiting and fever  
• Vomiting with hives  
• Vomit that appears green/bloody  
• No urine output in 8 hours  
• Recent history of head injury  
• Looks or acts very ill  
• Child meets routine exclusion criteria. | • Vomiting ends.  
• Able to participate.  
• Exclusion criteria are resolved. |