

## CPAP USE WITH A “HEAD” COLD

- Increase use of nasal saline irrigation (Nasamist, sinus rinse, etc.), especially just prior to CPAP use
- Increase humidity/heat setting on CPAP to 4 or 5 (especially in winter months)
  - Lower your household heat to 58-62 degrees at night
  - Addition of room humidifier/vaporizer in the bedroom
- Use ramp setting when you put on CPAP.
- Start nasal steroids (ie: Flonase, Fluticasone, Nasonex, Rhinocort, Nasacort) or increase to twice daily - use after saline irrigation.
- OTC neosynephrine -12hour (ie: Afrin or Dristan) for up to 4 nights, at bedtime only
- OTC Zicam lozenges; use as directed on product label and within the 1<sup>st</sup> 24 to 48 hours of symptoms for greatest effect.
- Vitamin C (500-1500mg/ day) either as a tablet or lozenge has been proven to decrease symptoms.
- Elevate the head of the bed at least 30 degrees (ie; foam wedge, or raise mattress or bed frame)
- Avoid pseudoephedrine/decongestants (ie: Sudafed, Afrin, Dristan, etc.) if known to cause insomnia or aggravate high blood pressure.
- Avoid antihistamines as they provide little benefit and may worsen dryness or induce side effects such as sleepiness.
- Call your primary care provider or our office if symptoms do not start to improve in one week, or with persistent colored phlegm, nasal discharge, fever >101 F, or inability to use CPAP due to congestion.