

# Fever

Fever is one of the most common reasons parents call the pediatrician. Parents want to know when they should “panic” and often fear that the fever will cause brain damage. Be reassured that a fever is only a symptom of an illness, and it won't harm your child. Only in unusual situations such as heat stroke or allergic reactions to general anesthesia can a fever do harm.

If you call us to report a fever you may be surprised that we are more interested in your child's behavior and other symptoms than we are in the fever. We will tell you that there is no temperature at which you should “panic” and that you should look at your child's behavior after being given a fever-reducing medicine to decide if your child is seriously ill. The exception to this is the very young infant, as noted below.

## **Sometimes parents ask us about febrile seizures.**

These are generally harmless brief seizures (a period of unconsciousness usually associated with rhythmic jerking of the arms and legs) that occur in only a small percentage of children when the child begins to get a fever. These can occur with any degree of fever, not necessarily a high fever. It is impossible to predict which child will have a febrile seizure. While we will not be alarmed, we would expect most parents to contact us if they think their child had a febrile seizure.

## **How and when to take your child's temperature:**

If your child is ill and feels hot to your touch you may want to take their temperature once or twice a day until their symptoms improve. It is not necessary to take the temperature multiple times per day, or to keep detailed records. All you are trying to do is to confirm that they have a fever (temperature is greater than or equal to 100.5° F) and whether it is high enough to warrant using anti-fever medications and keep them away from other children. If your infant is under two months of age and has a fever you should notify us right away. In older babies and children the fever is considered to be just a symptom of the illness, part of a bigger picture. This is discussed further in the next section.

The simplest and most reliable thermometer is an inexpensive digital thermometer. For children who cannot cooperate to hold a thermometer under their tongues (difficult before age five or six) you should take the temperature under their arm. You will need to hold the thermometer there longer than for an oral temperature (four minutes for many digital thermometers). To get a more accurate temperature for an infant or toddler you can take it rectally using a disposable probe cover over the tip of the digital thermometer. Lubricate the tip with petroleum jelly, insert it approximately 1/2 inch into the rectum and wait for it to signal that it is done.

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Ear thermometers are quick and easy, but not very accurate. However, with practice they are good enough to alert you to the presence of a fever, and whether or not it is high. This may be all the information you need. They will not work for infants under six months of age because of the shape of the ear canal. Glass mercury thermometers should no longer be used because of the potential danger of mercury poisoning if the thermometer is broken.

## **Anti-fever medications and other treatments for fever:**

Aspirin is never used for fever in children because it has been linked with Reye's syndrome. Reye's syndrome is a very serious illness than can cause liver failure and death. Acetaminophen (Tylenol) may be used starting at age two months. If desired, ibuprofen (Motrin, Advil) may be used instead of acetaminophen for infants and children older than six to nine months. Ibuprofen can be a little hard on the stomach, so it should be given to children who are at least eating a little and drinking adequate amounts of fluids.

The purpose of using anti-fever medications is to make your child more comfortable. If the temperature is under 101°-102° F and your child does not feel uncomfortable, let the fever run its course. It may help your child fight off a mild infection. If your child is very uncomfortable and has a high fever (103° F or higher) you may want to bathe your child in lukewarm water in addition to giving anti-fever medication to help bring the temperature down. High fevers will probably not come back down to normal even with medication and bathing. Your child will feel better even if you only bring the temperature down by one or two degrees. The fever itself won't hurt your child.

You should not sponge bathe your child with anything other than water. Long ago, rubbing alcohol was used to sponge down feverish children. We know now that this can poison a child.

Sometimes we recommend alternating acetaminophen with ibuprofen. We will only recommend this for a maximum of 24 hours, for uncomfortable children who have fevers of 103° F or higher. The alternate medication is given in its usual dose every three to four hours. For example: Acetaminophen at 6 am, ibuprofen at 9 am, acetaminophen at noon, ibuprofen at 3 pm, acetaminophen at 6 pm, and so on.

## **When to call or bring your child to our office:**

Before two months of age an infant with a rectal temperature greater than or equal to 100.5° F needs urgent evaluation. Medications should not be used to treat fever in these young infants. Two to four month olds may need evaluation urgently, or within a day or

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two, depending upon other symptoms. For example, you should call us or make an appointment that day if the baby looks very ill, is vomiting repeatedly, or has a persistent cough because we will want to see the baby sooner. If your child is four months or older you should try to look at the whole picture in deciding when to contact us. For example, if your child has a fever but still interacts with you normally, is drinking and sleeping pretty well, and feels better after a dose of acetaminophen or ibuprofen, it is probably ok to just observe and care for your child at home for a day or two. In this case you should call or come in if your child develops persistent or worrisome symptoms in addition to the fever (ear pain, sore throat, persistent cough, to name a few). If your four months or older child develops a high fever (103° F or more) you should not panic. We will still be reassured by the presence of fairly normal behavior, sleeping and drinking patterns. If your child has a fever and is very irritable, in pain, or seems very ill despite using anti-fever medicines, you should contact us. If you are still very worried about your child even after following this advice, then you should contact us.

### **Acetaminophen (Tylenol) dosages (only if 2 months of age or older)**

- 6-11 lbs: 40mg (1/2 dropper / 0.4 ml infant drops)
- 12-17 lbs: 80mg (1 dropper / 0.8 ml infant drops, or 1/2 tsp / 2.5 ml children's suspension)
- 18-23 lbs: 120mg (1 1/2 droppers / 1.2 ml infant drops, or 3/4 tsp / 3.75 ml children's suspension)
- 24-35 lbs: 160mg (2 droppers / 1.6 ml infant drops, or 1 tsp / 5 ml children's suspension)

- Administer every 4 hours.

Check the manufacturer's guide on the box for older children's doses.

### **Ibuprofen (Motrin, Advil) dosages (only if 6-9 months of age or older)**

- 12-17 lbs: 50mg (1.25 ml infant drops, or 1/2 tsp / 2.5 ml children's suspension)
- 18-23 lbs: 75mg (1.875 ml infant drops, or 3/4 tsp / 3.75 ml children's suspension)
- 24-35 lbs: 100mg (2.5 ml infant drops, or 1 tsp / 5 ml children's suspension)

- Administer every 6-8 hours.

Check the manufacturer's guide on the box for older children's doses.