

Fever in Children

What is a fever?

A fever is defined by most healthcare providers as a temperature of 100.4°F (38°C) and higher when taken rectally. Temperatures measured in the ear or on the forehead are less accurate than temperatures measured rectally or orally and may need to be confirmed by one of these methods. It is not accurate to estimate a child's temperature by just feeling the child's skin.

These are the cutoffs for fever using different types of thermometers:

- Rectal (bottom), ear or forehead temperature: 100.4° F (38.0° C) or higher
- Oral (mouth) temperature: 100° F (37.8° C) or higher
- Under the arm (Armpit) temperature: 99° F (37.2° C) or higher

If you're like most parents, your anxiety level rises along with your child's temperature. Fever is a warning sign that your child **may** have an illness that needs attention. Your knee-jerk reaction when your child develops a fever may be to immediately start ringing the alarm bells. Fevers can be scary for parents, especially first-timers. Keep in mind that fever is fighting off your child's infection. *Fever is one of the good guys even if it doesn't seem that way.*

Every child will eventually experience a fever, no matter how careful you are! It's important for parents to know what to do when this happens.

What are the benefits of a fever?

Fever is NOT an illness. It is a symptom, or sign, that *your body is fighting an illness or infection*. ***Fever stimulates the body's defenses***, sending white blood cells and other "fighter" cells to fight and destroy the cause of the infection. Fever helps kill bacteria and viruses. It also boosts production of infection-fighting white blood cells. There's generally no need to worry about bringing a fever down unless it's causing your child discomfort.

What are the symptoms that my child may have a fever?

Children with fevers may become more uncomfortable as the temperature rises. Along with a body temperature greater than 100.4°F (38°C), symptoms may include:

- Your child may not be as active or talkative as usual.
- Your child may seem fussier, less hungry, and thirstier.
- Your child may feel warm or hot. Remember that even if your child feels like he or she is "burning up," the measured temperature may not be that high.

According to the American Academy of Pediatrics, if your child is ***younger than 3 months*** of age and has a ***temperature of 100.4°F (38°C) or higher***, you should call your child's healthcare provider right away to check in about next steps.

When should a fever be treated?

In children, a fever that is ***making them*** (not you as the parent) uncomfortable should be treated. *Treating your child's fever will not help the body get rid of the infection any faster.* It simply will relieve discomfort linked to the fever.

Children between the ages of 6 months and 5 years can develop seizures from fever (called ***febrile seizures***). If your child does have a febrile seizure, there is a chance that the seizure may occur again. Febrile seizures occur in 2% to 4% of all children under age 5, but usually children outgrow the febrile seizures. A febrile seizure does not mean your child has epilepsy. There is no evidence that treating the fever will reduce the risk of having a febrile seizure.

What can I do to decrease my child's fever?

Give your child a **fever-reducer medicine**, such as acetaminophen or ibuprofen. DON'T give your child aspirin. It has been linked to a serious, potentially fatal disease, called Reye syndrome. We also do NOT recommend Ibuprofen for infants under 6 months of age! Fever-reducing medicines are dosed by a child's weight, not age. You will find a copy of the dosing guidelines at the end of this or also can be found at our Wildwood Family Clinic web site - wildwoodclinic.com

MYTH that giving fever reducing medicine will "cure" the fever. With treatment, most fevers come down 2° or 3° F (1° or 1.5° C) but may remain low grade while the body fights the infection. It's also a myth that If you can't "break the fever", the cause is serious. FACT - Fevers that don't come down to normal can be caused by viruses or bacteria. The response to fever medicines tells us nothing about the cause of the infection.

Other ways to reduce a fever:

- Dress your child lightly. Excess clothing will trap body heat and cause the temperature to rise.
- Encourage your child to drink plenty of fluids, such as water, juices, or popsicles.
- Give your child a lukewarm bath. Do not allow your child to shiver from cold water. It can raise the body temperature. Never leave your child unattended in the bathtub.

FAQ's and MYTH / FACTS about Fevers

MYTH → Giving fever reducing medicine will "cure" or stop the fever.

FACT → With treatment, most fevers come down 2° or 3° F (1° or 1.5° C) but may remain low grade while the body fights the infection.

MYTH → If you can't "break the fever", the cause is something serious.

FACT → Fevers that don't come down to normal can be caused by a whole variety of viruses or bacteria. The response to fever medicines tells us nothing about the cause of the infection.

MYTH → Once the fever comes down with medicines, it should stay down.

FACT → ***It's normal for fevers with most viral infections to last for 2 or 3 days.*** When the fever medicine wears off, the fever will come back. It may need to be treated again. ***The fever will go away and not return once the body overpowers the virus. Most often, this is day 3 or 4.***

MYTH → Fevers above 104° F (40° C) are dangerous and can cause brain damage!!

FACT → Fevers with infections don't cause brain damage. ***Only temperatures above 108° F (42° C) can cause brain damage.*** It's very rare for the body temperature to climb this high and usually only happens if the air temperature is very high. An example is a child left in a closed car during hot weather or a sick child who is very dehydrated.

MYTH → Oral temperatures between 98.7° and 100° F (37.1° to 37.8° C) are low-grade fevers.

FACT → These temperatures are normal. The body's normal temperature changes throughout the day. ***It peaks in the late afternoon and evening (of course just after the office is closed!)*** A ***true low-grade fever*** is ***100° F to 102° F (37.8° - 39° C)*** .

When should I call my child's healthcare provider?

Unless advised otherwise by your child's healthcare provider, call the provider right away if:

- Your child is **3 months old or younger** and has a fever of 100.4°F (38°C) or higher. Get medical care right away. Fever in a young baby can be a sign of a dangerous infection.
- Your child is of any age and has **repeated fevers above 104°F (40°C)**.
- Your child has a fever of 100.4°F (38°C) that **lasts for more than 3 days**.
- Any age - fever that is accompanied by other symptoms, such as having a seizure, severe sore throat, severe ear pain or headache, unexplained rash, repeated vomiting or diarrhea, unusual sleepiness, or very fussy behavior

PEDIATRIC TYLENOL AND IBUPROFEN DOSING GUIDELINES

PLEASE DO NOT USE ACETAMINOPHEN (TYLENOL) IN BABIES UNDER 2 MONTHS OF AGE or IBUPROFEN BEFORE 6 MONTHS OF AGE WITHOUT FIRST CONTACTING YOUR DOCTOR'S OFFICE. These same guidelines are posted on our clinic web site = www.wildwoodclinic.com for reference from home.

ACETAMINOPHEN (TYLENOL) DOSING:

May be given **every 4-6 hours** as needed or as recommended by your healthcare provider

(New Infant Drops): 160mg/5ml Strength

WEIGHT	AGE	DOSE	Amount
6-11 lbs	0-3 months	40 mg	1.25ml
12-17 lbs	4-11 months	80 mg	2.5ml
18-23 lbs	12-23 months	120 mg	3.75ml
24-35 lbs	2-3 years	160 mg	5ml

CHILDREN'S Suspension Liquid: 160/5mL 1 tsp = 5 mL

WEIGHT	AGE	DOSE
12-17 lbs	4-11 months	2.5 mL
18-23 lbs	12-23 months	3.75 mL
24-35 lbs	2-3 years	5 mL
36-47 lbs	4-5 years	7.5 mL
48-59 lbs	6-8 years	10 mL
60-71 lbs	9-10 years	12.5 mL
72-95 lbs	11 years	15 mL

CHILDREN'S Soft Chews Chewable Tablets: 80 mg each

WEIGHT	AGE	DOSE
24-35 lbs	2-3 years	2 tabs
36-47lbs	4-5 years	3 tabs
48-59 lbs	6-8 years	4 tabs
60-71 lbs	9-10 years	5 tabs
72-95 lbs	11 years	6 tabs

JUNIOR Strength Chewable Tablets: 160 mg each

WEIGHT	AGE	DOSE
48-59 lbs	6-8 years	2 tabs
60-71 years	9-10 years	2 1/2 tabs
72-95 lbs	11 years	3 tabs
96 lbs & over	12+ years	4 tabs

Pediatric Ibuprofen Dosage Chart

May be given **every 6 - 8 hours** as needed or as recommended by your healthcare provider

Weight	Infant Drops (50 mg/1.25 mL syringe)	Children's Liquid * (100 mg/ 5 mL)	Children's Chewable Tablets (50 mg tablets)	Junior Strength Caplets or Chewable Tablets (100 mg tablets)
6 - 11 lbs.	½ syringe (0.625 mL)			
12-17 lbs	1 syringe (1.25 mL)	½ teaspoon (2.5 mL)		
18-23 lbs	1 ½ syringe (1.875 mL)	¾ teaspoon (3.75 mL)	1 ½ Tablets	
24-35 lbs	2 syringes (2 x 1.25 = 2.5 mL)	1 teaspoon (5 mL)	2 Tablets	1 Tablet
36-47 lbs		1 ½ teaspoons (7.5 mL)	3 Tablets	1 ½ Tablets
48 - 59 lbs		2 teaspoons (10 mL)	4 Tablets	2 Tablets
60 - 71 lbs		2 ½ teaspoons (12.5 mL)	5 Tablets	2 ½ Tablets
72 - 95 lbs		3 teaspoons (15 mL)	6 Tablets	3 Tablets
Over 95 lbs		4 teaspoons (20 mL)	8 tablets	4 Tablets

- 95 lbs/43 kg. and over - May use 2 regular strength (200 mg) adult ibuprofen tablets/capsules.
- USE ORAL SYRINGES OR SUPPLIED MEDICINE CUP TO MEASURE LIQUID (100 MG/ 5 ML) - *NOT HOUSEHOLD TEASPOONS WHICH CAN DIFFER IN SIZE*
- Do not use aspirin in children during viral illnesses because of association with Reye's syndrome.