

## FEVER AND ACUTE ILLNESS

Here are some suggestions for you when your child becomes ill. These are general safe instructions regardless of the illness. Fever is perhaps the most overrated of all symptoms and often causes a great deal of unnecessary concern.

### What is fever?

Fever is temperature elevation, usually in response to infection. It is a symptom, not a disease. Fever is one of the body's natural ways of fighting infection. Fever is defined by a temperature of 100.4 or greater regardless of the manner of measurement.

### Does high fever (104 - 105) mean severe illness?

No, not necessarily. Harmless viral illnesses may cause high fever and dangerous bacterial illnesses may only have fevers of 100 to 102. How your child looks and acts is just as important as the temperature. Fever is usually higher at night. Viruses commonly cause fever lasting two to four days.

### If I don't do something to decrease the fever, will it keep going up?

The brain controls fever and will not let it go to a dangerous level unless a child is over bundled. When treating with acetaminophen or ibuprofen, fever can return after medication has worn off. This is no cause for concern.

### Does high fever cause brain damage?

Fever by itself **does not cause brain damage** unless the temperature exceeds 107°F. We should be notified when a fever exceeds 105°F.

### Does high fever cause convulsions?

Not necessarily. Approximately 4 children out of 100 will have a fever convulsion (febrile seizure) sometime during the first 5 years of life. Fever convulsions rarely occur after 6 years of age. Seizures most commonly occur with rapid rise in fever rather than prolonged high fever. Febrile seizures rarely last more than 3 to 4 minutes and **do not cause brain damage**. Please call us if your child experiences a seizure. Until you speak to us, place the child on his side and bring his temperature down by sponging with tepid water. Do **not** bathe your child in alcohol.

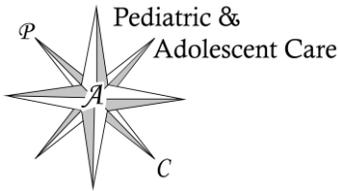
### Taking the Temperature

It is important to take your baby's temperature if you suspect he or she is ill. The temperature may be taken under the arm, rectally or with an infrared forehead scanner. In the older child, you may measure temperature under the tongue. Tympanic (ear) thermometers are inaccurate for children under two years of age. We prefer that you report the temperature you read and the site it was obtained rather than adding to or subtracting from the number.

**Example:** "I got 101 degrees under the arm."

We recommend using a basic digital thermometer. Traditional mercury thermometers work well, but are difficult to read and pose an environmental hazard when they break. Adhesive thermometers that attach to the skin and pacifier thermometers are inaccurate.

- 1) Taking a rectal temperature: Lubricate silver end with Vaseline and gently insert no more than one inch into rectum. Hold in place. Most digital thermometers beep when the temperature is registered.
- 2) Taking an axillary (armpit) temperature: Place silver end of thermometer under bare armpit. Hold the arm tightly against body.
- 3) Taking an oral temperature (ages five and older): Gently place silver end of thermometer under the tongue. Close the lips around the thermometer. Caution child to not talk or bite thermometer.



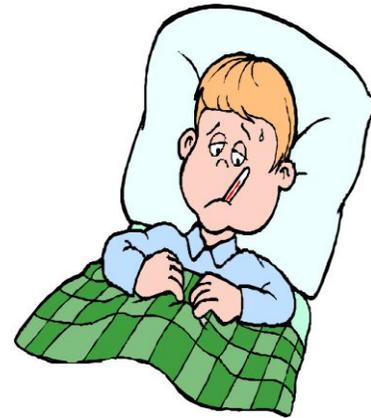
**When should I call about my child's fever?**

**Nonemergency** – call during office hours.

- Fever lasting more than five days
- Painful urination
- Sore throat

**Emergency** – call after hours if necessary.

- Child less than two months age
- Profound lethargy (difficult to arouse)
- Fast/difficult breathing
- Stiff neck and headache
- Dark red or purple rash on hands or feet.



**Treatment of Fever**

Low grade fevers (101 degrees or less) do not need to be treated at all. They generally do not make children uncomfortable and may actually be beneficial during an illness.

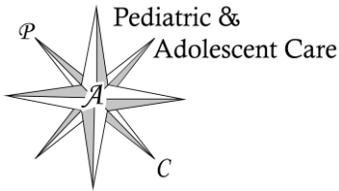
Temperature of over 101 usually makes the child uncomfortable (aching, chilling, etc.) and for that reason you will probably want to give your child something for it. Do not awaken a sleeping child who is resting comfortably just to give him something for the fever. For fever or discomfort due to illness or immunization in **children over two months** we recommend giving acetaminophen every 4 to 6 hours. It is most accurate to base the dose on weight.

**We do NOT recommend alternating doses of acetaminophen and ibuprophen.**

**Acetaminophen (Tylenol)**

Weight	Children's Suspension	Children's Chewable or Meltaway or Suppository	Children's Suppository (Feverall)	Children's Chewable or Meltaway	Adult Tablets or Suppository
	160 mg/5 ml	80 mg	120 mg	160 mg	325 mg
6 - 11 lbs	1.25 ml (1/4 tsp)				
12 - 17 lbs	2.5 ml (1/2 tsp)				
18 - 23 lbs	3.75 ml (3/4 tsp)				
24 - 35 lbs	5 ml (1 tsp)	2	1	1	
36 - 47 lbs	7.5 ml (1 1/2 tsp)	3	2	1 1/2	
48 - 59 lbs	10 ml (2 tsp)	4	2	2	1
60 - 71 lbs	12.5 ml (2 1/2 tsp)	5	3	2 1/2	1
72 - 95 lbs	15 ml (3 tsp)	6	4	3	1 1/2
96 + lbs	20 ml (4 tsp)	8	5	4	2

**Always check the concentration and type of the medication you are using.**



For children **over six months**, you may wish to try **ibuprofen** (Motrin or Advil) every 6 hours for relief of fever, aches, or pain. Dose ibuprofen as follows:

Weight	<b>Ibuprofen (Motrin and Advil)</b> Can be given every 6 - 8 hours <b>6 months and older</b>				
	<b>Infant Drops</b> 50 mg/1.25 ml	<b>Children's Suspension</b> 100 mg/5 ml	<b>Children's Chewable</b> 50 mg	<b>Junior Chewable or Tablets</b> 100 mg	<b>Adult Tablets</b> 200 mg
12 - 17 lbs	1.25 ml				
18 - 23 lbs	1.875 ml	2.5 ml (1/2 tsp)			
24 - 35 lbs	2.5 ml (1/2 tsp)	5 ml (1 tsp)	2	1	
36 - 47 lbs		7.5 ml (1 1/2 tsp)	3	1 1/2	
48 - 59 lbs		10 ml (2 tsp)	4	2	1
60 - 71 lbs		12.5 ml (2 1/2 tsp)	5	2 1/2	1
72 - 95 lbs		15 ml (3 tsp)	6	3	1 1/2
96 + lbs		20 ml (4 tsp)	8	4	2

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Thirty to sixty minutes are needed for fever medicines to take effect, and your child may only cool by 1-2 degrees. It is not essential to make your child's temperature 98.6 F (37 C), only to make your child more comfortable. Dress your child in light clothing.

Overdoses occur commonly with this practice and there is no proven benefit in the management of fever.

For fevers over 104 you may wish to give your child a sponge bath while the medication is taking effect. We suggest using tepid (slightly warm) water so your child will not be uncomfortable. Let the water temperature cool while your child bathes. We do NOT recommend cold water or alcohol baths. Rapid cooling will only make your child irritable.

**Aspirin should NEVER be given to a child.**

**Diet:**  
You do not have to limit your child's diet just because she has a fever. It is OK to give milk when a child has fever. A child usually loses his appetite during illnesses; don't worry. Concentrate your efforts on encouraging fluid intake. As the infant or child improves they will return to a regular diet.

**Activity:**  
Children usually display diminished tolerance for activity when ill, especially when there is fever. Strict bed rest is not necessary. As illness resolves, your child will resume his or her normal level of activity. After 24 hours without fever, a child may return to daycare or school.

If there are questions about your child's illness please feel free to phone the office. Our telephone nurses are here to help you beginning at 8:00AM Monday through Saturday.