

## **WHEN YOUR CHILD HAS FEVER**

Fever is a symptom, not a disease. It is the body's normal response to infections and plays a role in fighting the infection. In other words, fever activates the body's immune system. The usual fevers -up to 104-that all children get are not harmful. Most are caused by viral illnesses. Some are caused by bacterial illnesses. Teething does not cause any significant fever.

The body's average temperature, when measured orally, is 98.6 but fluctuates during the day. Exercise, excessive clothing, a hot house, a hot car, a hot bath, and hot weather with high humidity raise the oral temperature. If you suspect that one of these factors is affecting your child's temperature, take the temperature again in 30-60 minutes.

### **Your child has a fever if:**

The rectal temperature is over 100.4(the most common and accurate method used in small children) or the oral temperature is over 99.6 (only used in older children). Temperatures taken with "non-professional ear thermometers" are frequently inaccurate. Relying on "fever to touch" can also be inaccurate.

Approximately 4-5% of small children will at some time during early childhood experience a short duration seizure (convulsion) associated with fever. This type of seizure, called a simple febrile seizure, usually lasts a few minutes, is not prolonged or complicated in nature and is not the cause of brain damage, lower IQs or learning disabilities. They can be frightening to the family, but almost never result in serious harm to the child if handled properly. **DO NOT PANIC!** Place your child on the side with his head lower than the rest of the body to prevent aspiration of secretions or emesis. Do not pry open the mouth or place objects in the mouth. Prevent injury from nearby objects or furniture. If your child has had previous high fevers without seizures, the risk of having future febrile seizures is quite low.

### **Home Treatment**

Try to keep fever in perspective. "Fever phobia" is a term that describes the unwarranted fears many have about the normal fevers that all children experience. A study in 1980 found that 80% of parents mistakenly believed that fevers between 100-106 could cause brain damage. About 20%of parents thought that if they didn't treat the fever, it would keep going higher. **NEITHER STATEMENT IS TRUE!**

Give acetaminophen to reduce fever in children over 2 months of age. If the child is less than 2 months of age with fever greater than 100.4 rectally then always call us day or night and before giving medicine. Tylenol, Tempra and generic acetaminophen products all have the same dosage. Follow directions carefully. Dosage is by weight, not age. Remember that fever is helping your child to fight infection. Use medicine only if the fever is over 102 and preferably only if your child is uncomfortable. Give the correct dosage for your child's weight and not more often than 4-6 hours. Two hours after they are given, these drugs may reduce the fever by 2-3 degrees. The drugs are not curative and may need to be repeated until the illness runs its course. Remember that the fever's response, or lack of response to the medicine tells us little about the severity of the infection. If your child plays, smiles and drinks adequate fluids, you need not worry about the fever. If your child is sleeping,

don't awaken him to give medicines for a low-grade fever. If the fever is high enough to need medication, your child will usually awaken.

*CAUTION: Do not switch measuring devices and droppers from one brand or form of liquid acetaminophen to another. Do not give medications for more than 3 days without consulting our nursing staff. Do not give them to children less than 2 months of age without consulting our nursing staff. Since all of these drugs are poisonous if an overdose is taken, please keep out of sight and reach of children.*

Liquid ibuprofen (Motrin and Advil) has similar safety record and abilities to lower fever. One advantage that ibuprofen has over acetaminophen is longer-lasting effect. In most situations, acetaminophen is still the drug of choice for controlling fever. Some children with high fevers that do not respond well to acetaminophen may do better with ibuprofen. Ibuprofen is not to be used in children younger than 6 months of age and preferably with temperatures greater than 103 in all children. A side effect of this medicine is GI upset which may add to your child's symptoms.

*Do not give aspirin without consulting your doctor.* The American Academy of Pediatrics has recommended that all children and adolescents to age 21 years of age should not take aspirin if they have chickenpox, flu or cold, cough, or sore throat symptoms. This recommendation is based on several studies that have linked aspirin to Reyes syndrome, a very serious illness with a high mortality rate.

Encourage extra fluids. The body loses fluids during fever because of sweating. Encourage your child to drink extra fluids, but do not force him to drink. For the older child, popsicles and iced drinks with no caffeine are helpful.

Dress your child lightly. Clothing should be kept to a minimum because most heat is lost through the skin. Do not bundle up the child; it may cause a higher fever. If he/she feels cold during this time, it is acceptable to use a light sheet or blanket.

Discourage vigorous activity. This can cause additional heat that the body must release. Normal quiet play is fine.

### **When to take your child's temperature**

In general, take the temperature once a day in the morning until the fever is gone. Take the temperature more often if your child feels very hot or is acting miserable despite taking acetaminophen. Take the child's temperature just before calling our nursing staff. With most infections, the level of fevers may bounce around for several days. A flushed (pink) appearance means the fever has peaked. The primary purpose of measuring temperatures is to determine whether or not fever is present. It is not necessary to chart it's every change.