



FEVER WITHOUT FEAR

1. A true fever is a temperature of 100.4°F (38°C) or higher. Children's temperatures naturally fluctuate throughout the day. So knowing what is a true fever is very important. Depending on your temperature-measuring device, the number may vary.

2. There is no certain "number" on a thermometer that requires a trip to the Emergency Department. Not even 104F degrees. Fever is a normal, healthy way for the body to fight common infections. It only shows that the child's robust immune system is appropriately fighting against its enemy - bacteria or virus. These cannot successfully replicate in hotter conditions. Fever is just a warning that your child is sick – a symptom of illness, not a disease.

3. The severity of fever does not always correspond with the severity of illness. A fever is generally defined as over 100.4F degrees. However, some children with fevers over 102F are still running around and playing, while others may look sluggish and quite ill with a reasonably mild fever. Treat your child, not the number on the thermometer. Observe his level of discomfort, level of activity, his breathing and color, his ability to maintain adequate hydration, and how he looks and acts when the fever is gone.

4. The treatment goal is to help your child feel better, not to get rid of the fever altogether. Not all fevers have to be treated with medication. Fevers help the body fight infection, but can make kids feel pretty lousy. Treating a fever is only necessary if it makes the child uncomfortable and causes him to drink less. Fever reducers will not always normalize your child's temperature. It may bring it down a couple of degrees.

5. Expect fever to wax and wane for 3-4 days. Most fevers will naturally persist for a few days before they completely go away. Even if you give acetaminophen or ibuprofen, most often the fever will bounce back up after a few hours. You can suppress that fever, but your child still needs time to rest and recover from her current infection.

6. We are your partners in your child's health and we trust you. If a child with a fever looks sluggish and uncomfortable, please do not hesitate to administer a fever reducer before coming to the appointment. Seriously ill kids will continue to look ill with or without a fever. A comfortable child is much easier to examine, and a good exam will often determine the cause of the fever, allowing for accurate treatment.

7. Medications should be dosed according to your child's weight, not age. Always use the measuring device that comes with the medication, or a standard measuring instrument (syringe, dropper, medicine cup), not household spoons. Refer to the handout you received at your child's well exam, specifying the dose of fever reducer that the doctor indicated for your child's most recent weight, or use the dosing link on our website.

8. Red flags. *Infants under 2 mo of age need immediate evaluation for any temperature over 100.4.* Make an appointment if a child's fever persists more than 4-5 days, the child just doesn't look well, is having difficulty breathing or has had a febrile seizure, or if the fever is over 105F and fails to respond to any reducing treatment.



FEVER TREATMENT

Fever treatment without medication. Remember, your child's fever is serving a purpose. So unless the fever is 102F or higher, let it run its course and keep the child comfortable by giving plenty of fluids and Tender Loving Care (TLC). Keep your child's room and your home comfortably cool, and dress him lightly. Crank up the AC, or place a fan nearby to keep cool air moving. Encourage him to drink cool extra fluids liquids such as water, diluted fruit juices, Pedialyte, Gatorade or Popsicles. The child can be up and about the house, but should not run around and overexert himself. You may also combine tepid water sponging with acetaminophen or ibuprofen if the child is known to be allergic to these medications, or is vomiting and unable to keep the medicine down. Do not use cold water. It will make the child shiver, which will increase the fever.

Fever treatment with medication. *Do not use fever reducers for infants under 2 months of age. Infants this young need immediate evaluation for any temperature over 100.4.* Children age 2 to 6 months of age can only use acetaminophen. Children 6 months and above can use Acetaminophen and/or Ibuprofen. The two medications can be used together, when necessary, for recurrent or persistent fever. Use your first medication at the proper dose. You will usually see the effects within 45 minutes. If 60-90 minutes later, your child still has an uncomfortable temperature and has not perked up, give the second medication. (If you used ibuprofen first, then use acetaminophen next, and vice versa.) Keep a medication log and write down what medicine you gave and at what time. As long as Ibuprofen to Ibuprofen doses are 6 hours apart, and Acetaminophen to Acetaminophen doses are 4 hours apart, the two medicines can overlap. *You do NOT have to strictly alternate.*

ASPIRIN? NO! Children under the age of 19 should **NEVER** be given aspirin, unless under a doctor's orders. Aspirin has been linked to REYE'S SYNDROME a serious and potentially life-threatening disease that causes swelling in the brain and can lead to a coma or even death.

ANTIBIOTIC? NOT ALWAYS!

Antibiotics serve a very important purpose in medicine, but they are not appropriate in all cases, and will not cure all illnesses accompanied by fever. Additionally, antibiotics are prescribed **ONLY** when there is evidence of a bacterial infection to be present in the body. This means that an antibiotic **WILL NOT** treat viral illnesses, such as all colds, the flu, stomach flu (gastroenteritis), croup, some forms of pink eye and more.

It is inappropriate and potentially medically dangerous for us to prescribe an antibiotic over the phone, without first evaluating the child.



ACETAMINOPHEN

AGE LIMIT. Do not use if your child is under 2 months of age and/or has not been vaccinated yet. **DOSE.** See table. **MEASURE.** Syringes and droppers are more accurate than teaspoons. Use the syringe, dropper or measuring cup that comes with the medicine or a standard medicine syringe. **HOW OFTEN.** Repeat every 4-6 hours as needed. **Don't give more than 5 times a day.** **BRAND NAMES.** Tylenol, FEVERALL (suppositories), generic acetaminophen. **INFANT'S AND CHILDREN'S LIQUID.** Comes with a dosing syringe. **MELTAWAYS.** Tabs that dissolve come in 80 mg and 160 mg (Jr. strength) **SUPPOSITORIES.** Comes in 80, 120, 325 and 650 mg. **The rectal dose is the same as the dose given by mouth.** **EXTENDED-RELEASE. Do not use 650 mg oral products in children;** they are every 8-hour extended-release.

Child's Weight in pounds	Liquid 160mg/5ml	Liquid 160mg/1 tsp.	Chewable 80mg tablets	Chewable 160mg tablets	Adult 325mg tablets	Adult 500mg tablets
6-11	1.25	---	---	---	---	---
12-17	2.5	½	---	---	---	---
18-23	3.75	¾	1 ½	---	---	---
24-35	5	1	2	1	---	---
36-47	7.5	1 ½	3	1 ½	---	---
48-59	10	2	4	2	1	---
60-71	12.5	2 ½	5	2 ½	1	---
72-95	15	3	6	3	1 ½	1
96+	20	4	8	4	2	1



IBUPROFEN

AGE LIMIT. Don't use under 6 months of age unless told by your child's doctor (safety not established/not approved by FDA). **Avoid on an empty stomach.** **DOSE.** See table. **MEASURE.** Use the syringe, dropper or measuring cup that comes with the medicine. **HOW OFTEN.** Repeat every 6-8 hours as needed. **BRAND NAMES.** Motrin, Advil, generic Ibuprofen. **INFANT DROPS.** Ibuprofen infant drops come with a syringe. **CHILDREN'S LIQUID.** Ibuprofen for children comes with a measuring cup. **SUPPOSITORIES.** Can be made by a compounding pharmacy, check with your pharmacist.

Child's Weight in pounds	Infant Drops 50mg/1.25ml	Liquid 100mg/1 tsp	Liquid 100mg/5ml	Chewable 50mg tablets	Junior-Strength 100mg tablets	Adult 200mg tablets
12-17 lbs.	1.25	½	2.5	---	---	---
18-23 lbs.	1.875	¾	4	---	---	---
24-35 lbs.	2.5	1	5	2	---	---
36-48 lbs.	3.75	1½	7.5	3	---	---
48-59 lbs.	5	2	10	4	2	1
60-71 lbs.	---	2½	12.5	5	2½	1
72-95 lbs.	---	3	15	6	3	1½
96+	---	4	20	8	4	2