

Fever

Fever is a symptom, not a disease. Fever is the body's normal response to infections and it plays a role in fighting against them. Fever turns on the body's immune system. Research indicates that the excess heat increases the efficiency of parts of the immune system and may also kill or weaken viruses directly. The usual fevers (100 to 104 F) that all children get are not harmful. Most are caused by viral illnesses; some are caused by bacterial illnesses. Teething does not cause fever. If a baby is teething and has a fever, other symptoms may be present and need to be evaluated.

The body's average temperature when it is measured orally is 98.6 F and 99.6 F rectally, but it normally fluctuates (between 97 and 100 F) during the day. Mild elevation (100.4 to 101.3) can be caused by exercise, excessive clothing, a hot bath, or hot weather. Warm food or drink can also raise the oral temperature. If you suspect such an effect on the temperature of your child, take his temperature again in one-half hour after removing the suspected element.

Your child has a fever if his temperature is over 100.4 F (rectal) before 2 month of age and 101 F after that. A hand on the forehead is not a good job; you must use a thermometer.

Expected Course

Most children with a fever will be fussy, play less, and may not eat as much as usual. High fevers are not comfortable, but they rarely cause serious problems. In children, fevers can be caused by viral infections such as colds, flu, and other infections. It is not unusual for a preschool-aged child to have 7 to 10 viral infections with/without fever in a year.

Most fevers with viral illnesses range between 101 and 104 F and last for 2 to 3 days. In general, the height of the fever doesn't relate to the seriousness of the illness. How sick your child acts is what counts. A very serious infection may cause little or no fever. It is important to look for other symptoms along with the fever. Fever causes no permanent harm until it reaches 107 F. Fortunately, the brain's thermostat keeps untreated fevers below this level. Although all children get fevers, only 4% develop a brief febrile convulsion. About 20% of parents thought that if they didn't treat the fever it would keep going higher. This statement is not true. Because of these misconceptions many parents treat low-grade fevers unnecessarily with medicines and sponging. They also spend sleepless nights worrying about fevers.

Home Care

The reasons for treating fever include:

- To make a child more comfortable
- To enable you as a parent to assess your child's mental state

In assessing your child's mental state, some things to watch for are:

- Is your child interested in his/her environment?
- Does he know who he is or where he is?
- Will he make eye contact with you?

- Can you console your crying infant or toddler?
- Can you make him smile a little? Will he play on and off between cranky periods?

Acetaminophen Products for Reducing Fever.

Children **older than 2 months of age** can be given any one of the acetaminophen products (Tylenol, Anacin-3, Liquiprin, Panadol, and Tempra) all have the same dosage.

Remember that fever is helping your child to fight against the infection. Use drugs only if the fever is over 102 F and preferably only if your child is also uncomfortable. Give the correct dosage for your child's age **every 6 hours**, but no more often. Two hours after they are given, these drugs will reduce the fever 2 to 3 F. Repeated dosages of the drugs might be necessary because the fever will go up and down until the illness runs its course. If your child is sleeping, don't awaken him for medicines.

- Do not use medications for more than three days or give them to children under 4 months of age without consulting us. **We prefer if you have to give more than two doses of medicine, please call us.** Please do not wait until evening or weekend to call us. Call preferably in morning, so if we need to, we can see your child.
- Since all of these drugs are poisonous if an overdose is taken, keep them out of reach and sight of children.

Liquid Ibuprofen.

Ibuprofen and acetaminophen are similar in their ability to lower fever, and their safety records are similar. One advantage that ibuprofen has over acetaminophen is a longer-lasting effect (6 to 8 hours instead of 4 to 6 hours). However, acetaminophen is still the drug of choice for controlling fever in most conditions.

(Ibuprofen can cause mild stomach irritation which may lead to vomiting. When a child is sick they usually don't eat well and also due to sickness they might have mild acidity all these combined can make vomiting worse.)

Do not alternate ibuprofen and acetaminophen, because of the possible risk of overdose. Studies have not shown any additional benefit by alternating these medications. Check your child's temperature every 2 to 4 hours to make sure home treatment is working.

Cautions about Aspirin.

It is recommended that children (through 21 years of age) not take aspirin if they have chickenpox or influenza (any cold, cough, or sore throat symptoms). This recommendation is based on several studies that have linked aspirin to Reye's syndrome, a severe encephalitis-like illness.

Caution: A hidden source of aspirin that is commonly overlooked is Pepto-Bismol. Don't give your child Pepto-Bismol if he has a fever.

Be sure to follow these nonprescription medication precautions.

- Carefully read and follow all labels on the medication bottle and box.
- Use, but do not exceed, the maximum recommended doses.
- If you are giving any other over the counter medicine, please read the contents and make sure it does not have acetaminophen or ibuprofen. If you are already giving this product, it may cause over dosage.
- **Do not** give the following nonsteroidal anti-inflammatory drugs (NSAIDs) unless directed to do so by us:
 - Naproxen sodium (such as Aleve) to children under age 12
 - Ketoprofen (such as Actron or Orudis) to children under age 16

Sponging.

Sponging is usually not necessary to reduce fever. Never sponge your child without giving him acetaminophen first. Sponge immediately only on emergencies such as heatstroke, delirium, a seizure from fever, or any fever over 106 F. In other cases sponge your child only if the fever is over 104 F, 60 minutes after your child has taken acetaminophen, and your child is uncomfortable. Until acetaminophen has taken effect (by resetting the body's temperature), sponging will just cause shivering, which is the body's attempt to raise the temperature.

If you do sponge your child, sponge him in lukewarm water (85 to 90 F). Use slightly cooler water for emergency cases. Sponging works much faster than immersion, so sit your child in 2 inches of water and keep wetting the skin surface. If your child shivers, raise the temperature of the water or wait for the acetaminophen to take effect. Don't expect to get the temperature below 101 F. Don't add rubbing alcohol to the water; it can cause a coma if breathed in.

Extra Fluids.

Encourage your child to drink extra fluids, but do not force him to drink. Popsicles and iced drinks are helpful. Body fluids are lost during fevers because of sweating.

Less clothing.

Bundling can be dangerous. Clothing should be kept to a minimum because most heat is lost through the skin. Do not bundle up your child; it will cause a higher fever. During the time your child feels cold or is shivering, give him a light blanket.

High calorie fluids such as fruit juice are preferable to keep your child's energy up. Beyond that you should keep the child warm, but never uncomfortably so; room temperature can even be kept slightly on the cool side if the child prefers. "While it's good to rest and avoid undue fatigue, being supine isn't necessarily beneficial". Rather than forcing your child to lie still, just relax quietly around the house.

Eat moderately:

It's wise to avoid heavy meals but children should eat if the child is hungry. If a child has diarrhea or has been vomiting, avoid dairy products and stick to bland foods like applesauce, rice, crackers, dry toast, banana and mashed potatoes.

Call Our Office:

732-418-1700 (North Brunswick/Dayton)

732-247-1510 (New Brunswick)

908-561-5700 (Edison)

Immediately if:

- Your child is less than 2 months old with more than 100.4 F(Rectal) temperature
- The fever is over 104 F.
- Your child is crying inconsolably, is very irritable, looks very sick or does not look good.
- Your child is difficult to be awoken, confused, having seizure or severe headache
- Your child's neck is stiff or severe persistent headache
- Any purple spots are presented on the skin or any joint is red and swollen.
- Breathing is difficult and not better after you clear the nose.
- Your child is unable to swallow anything and drooling saliva.

Call Within 24 hours if

- Your child is 2 to 4 months old and fever is more than 102F(unless the fever is due to a DPT shot)
- Burning or pain occurs with urination.
- Your child has had a fever more than 24-48 hrs without an obvious cause or location of infection
- Vomiting, diarrhea, and stomach pain
- Upper respiratory system or lung problems
- Ear pain (babies may pull at painful ears)
- Painful urination or signs of a urinary tract infection
- Unexplained skin rash.
- Joint pain
- Injury to the skin and signs of skin infection (cellulitis)
- Swollen glands and sore throat
- Tooth pain
- Recent immunizations
- Recent heat exposure
- Exposure to a contagious disease
- Any signs of dehydration

During Regular Hours if

- Your child has had a fever for more than 72 hours.
- The fever went away for more than 24 hours and returned.
- Your child has a history of febrile convulsions.

Acetaminophen (Tylenol, Tempra, Feverall, Generic Acetaminophen)

Please give your child medicine preferably every SIX hr.

Brand	Strength	2-4 Mo.	5-11 Mo.	12-23 Mo.	2-3 Yr.	4-5 Yr.	6-8 Yr.	9-11 Yr.	11 Yr.	12-15 Yr.
Wt. In lbs.		Up to 12 Lb.	12-17 Lb.	18-23 Lb.	24-35 Lb.	36-47 Lb.	48-59 Lb.	60-71 Lb.	72-95 Lb.	96 Lb & Up.
Drops	80 mg/0.8 ml	0.6 ml	0.8 ml	1.2 ml	1.6 ml	2.4 ml	-----	-----	-----	-----
Syrup	160 mg/5 ml	-----	½ tsp.	¾ tsp.	1 tsp.	1½ tsp.	2 tsp.	2½ tsp	3 tsp.	5 tsp.
Chewable	80 mg tab	-----	-----	1 ½ tab.	2 tab	3 tab	4 tab	5 tab	6 tab	6 tab
Chewable	160 mg tab	-----	-----	¾ tab.	1 tab	1 1/2 tab	2 tab	2 1/2 tab	3 tab	3 - 4 tab
Tablet	325 mg tab	-----	-----	-----	-----	-----	2 tab	2½ tab	3 tab	3 tab
Tablet	500 mg tab	-----	-----	-----	-----	-----	-----	1 tab	1 ½ tab	2 tab

Note:

tsp = Teaspoon = 5 ml

tab. = Tablet

Lb = Pound (Please note that dose recommendation is per pound of weight NOT by kilos)

Ibuprofen (Advil/ Motrin)

Please give your child medicine preferably every EIGHT hr.

Brand		2-4	5-11	12-23	2-3	4-5	6-8	9-11	11	12-15
		Mo.	Mo.	Mo.	Yr.	Yr.	Yr.	Yr.	Yr.	Yr.
Wt. In lbs.		Up to 12 Lb.	12-17 Lb.	18-23 Lb.	24-35 Lb.	36- 47 Lb.	48-59 Lb.	60-71 Lb.	72-95 Lb.	96 & Up.
Drops (Motrin)	50 mg/1.25 ml(1 dropper)		1 dropp er	1 ½ dropp er	2 dropp er	-----	-----	-----	-----	-----
Drops (Advil)	100 mg /2.5 ml	-----	1.25 ml	1.7 ml	2.5 ml	-----	-----	-----	-----	-----
Syrup	100 mg/5 ml	-----	1/2 tsp.	1 tsp.	1 1/2 tsp.	2 tsp.	2 1/2 tsp.	3 tsp.	3 ½ tsp.	4 tsp.
Chewable	50 mg tab	-----	-----	-----	2 tab	3 tab	4 tab	5 tab	6 tab	7 tab
Tablet	200 mg tab	-----	-----	-----	-----	-----	2 tab	2½ tab	3 tab	3 tab

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