

## FEVER

Your child's normal temperature will vary with his age, activity, and time of day. Infants tend to have higher temperatures than older children, and everyone's temperature is highest between the late afternoon and evening, and lower in the early morning. By definition, a fever doesn't exist unless the thermometer registers 100.4 degrees or greater, taken by any method. Please do not add or subtract any degrees from the temperature once you have taken it. We prefer for you to report the actual reading to us and the method the temperature was taken.

By itself, fever is not an illness. In fact, usually it is a positive sign that your child is fighting infection. However, fever can make your child uncomfortable and makes her heart rate and breathing faster. For this reason it is sometimes advisable to treat the fever itself.

If children are between six months and five years of age, fever can trigger seizures called "febrile convulsions". These usually happen during the first few hours of a febrile illness. The child may look "peculiar" for a few moments, then stiffen out, twitch, and roll his eyes. He will be unresponsive for a short time, and his skin may appear darker than usual during the episode. The entire convulsion usually will last no more than three or four minutes, and may last only a few seconds, but it may seem like a lifetime to a frightened parent. It is reassuring to know that febrile convulsions almost always are harmless, though we will expect you to report them to us promptly. A febrile seizure results more from how quickly fever goes up, not the actual number of the fever itself.

## HOME TREATMENT FOR FEVER

It is highly recommended to keep on hand a digital thermometer. Estimating fever by touch can be very misleading and is inadequate for basing treatment decisions.

The Thermoscan "ear thermometer" is useful for screening but, occasionally will yield values well above or below the "real" temperature and, therefore, can't replace a more traditional thermometer.

Fever under 101 degrees generally does not require treatment unless your child is uncomfortable or has a history of febrile convulsions. Even higher temperatures are not in themselves dangerous. It is more important to see how your child is behaving. If your child is eating and sleeping well and has periods of playfulness, he probably doesn't need any treatment. If he seems bothered by the fever, however, you can treat him in the following ways.

Medication: In general, we prefer Tylenol in the appropriate dosage to treat a simple fever. Remember, the goal of therapy is to bring temperatures down to a more comfortable range. Making temperatures "normal" is not always a realistic expectation. Ibuprofen (Children's Motrin) has recently become available without prescription, and it appears to be safe for children when used short term. Consider using it every 6 – 8 hours if your child has a fever and fails to respond to a correct dose of Tylenol given two or more hours earlier. *It is not recommended to alternate Tylenol and Motrin to treat a fever.* If one product is not working, switch to the other but do not alternate. Because of associated side effects, some potentially serious, Aspirin is not recommended for treatment of simple fevers.

Please see dosage charts for Acetaminopen and Ibuprophen

**Sponging:** In some cases you might want to combine medication with tepid sponging, particularly if your child is quite uncomfortable, has a temperature over 104 degrees, has a history of febrile convulsions, or has associated vomiting.

Put your child in the tub with only one to two inches of water in the basin. It should feel only slightly warm. Don't use cold water as it uncomfortable and may cause shivering, which can raise his temperature. Seat your child in the water, and using a washcloth or sponge, spread a film of water over his trunk, arms and legs.

The evaporation of the water will cool the body. Usually, sponging will bring down the temperature within 30 to 45 minutes. The process can be repeated later if needed.

**Other Suggestions:** Keep your child's room comfortably cool and dress him lightly. Encourage extra liquids such as water or fruit juices. He can be up and around, but avoid overexertion. Finally, if the fever might be a symptom of a highly contagious disease, isolate your child from other youngsters and elderly people.

## WHEN TO CALL

### **Please call us immediately if your child:**

- Is under 3 months old and has a rectal temperature of 100.4 degrees.
- Has a fever over 105 degrees. If a Thermoscan is used, recheck with a digital thermometer before calling.
- Has a febrile seizure.
- Has any of the following: stiff neck (difficult to move), difficulty breathing not due to a stuffy nose, confusion, extreme irritability, unresponsiveness, unable to swallow, bluish lips, or a purple or blood colored rash.

### **Please call us during office hours if your child:**

- Is age three to six months (unless a DtaP shot has been given within 48 Hours) and has a fever.
- Is age six months to two years and has had fever greater than 24 hours without any other symptoms that would indicate a viral illness (such as cold, cough, and diarrhea).
- Has a fever greater than 72 hours, even when the source of the fever seems apparent.
- Has a sore throat (unless quite mild and associated with a new cold), significant earache, or burning on urination.
- Has been on antibiotic therapy as directed for more than 48 hours and continues to have a fever.

If your child does not meet the above criteria, and you are comfortable doing so, we encourage you to treat the fever and any other associated symptoms, if necessary. There is no need to call unless you need additional advice.

# ACETAMINOPHEN

## Pediatric Dosage Chart Drops, Syrup & Chewables

Age	Approximate Weight Range*	Dosage			
		Tylenol Infants Drops	Tylenol Toddlers Syrup	Tylenol Regular Strength Chewables 80 mg	Tylenol Double Strength Chewables 160 mg
Under 4 Mo	Under 12 lbs	1/2 dropper	1/4 tsp	-----	-----
4 to 11 Mo	12 - 17 lbs	1 dropper	1/2 tsp	-----	-----
12 to 23 Mo	18 - 23 lbs	1 1/2 droppers	3/4 tsp	-----	-----
2 to 3 Yrs	24 - 35 lbs	2 droppers	1 tsp	2 tablets	-----
4 to 5 Yrs	36 - 47 lbs	3 droppers	1 1/2 tsp	3 tablets	-----
6 to 8 Yrs	48 - 59 lbs	-----	2 tsp	4 tablets	2 tablets
9 to 10 Yrs	60 - 71 lbs	-----	2 1/2 tsp	5 tablets	2 1/2 tablets
11 Yrs	72 - 95 lbs	-----	3 tsp	6 tablets	3 tablets
12 Yrs and Older	96 lbs & over	-----	4 tsp	8 tablets	4 tablets

The weight categories in this chart are designed to approximate effective dose ranges of 10 – 15 milligrams per kilogram. (Current Pediatric Diagnosis and Treatment, Ed 8. CH Kempe and HK Silver, Ed. Lange Medical Publications, 1984, p. 1079.)

\*If child is significantly under- or overweight, dosage may need to be adjusted accordingly.

Ask your doctor before administering to children under the age of 2 years.

Dosage may be given every 4 hours as needed but not more than 5 times daily.

How supplied:

Drops: Each 0.8 mL dropper contains 80 mg. Acetaminophen.  
Syrup: Each 5 mL teaspoon contains 160 mg. Acetaminophen.  
Chewables: Each Regular tablet contains 80 mg. Acetaminophen. Double Strength tablet contains 160 mg. Acetaminophen.

**\*\*Note: This dosage chart may be used for Pediacare or Triaminic product also.**

## CHILDREN'S MOTRIN

Pediatric Dosage Chart  
Drops, Syrup, Chewables & Caplets

		Dosage				
Age	Approximate Weight Range	Infant Drops 50 mg / 1.25 ml	Children's Suspension 100 mg / ml	Children's Chewables 50 mg	Junior Chewables 100 mg	Junior Caplets 100 mg
6 to 11 mo	12 - 17 lbs.	1.25 mL	----	----	----	----
12 to 23 mo	18 - 23 lbs.	1.875 mL	----	----	----	----
2 to 3 yrs	24 - 35 lbs.	----	1 tsp	2 tablets	----	----
4 to 5 yrs	36 - 47 lbs.	----	1 1/2 tsp	3 tablets	----	----
6 to 8 yrs	48 - 59 lbs.	----	2 tsp	4 tablets	2 tablets	2 caplets
9 to 10 yrs	60 - 71 lbs.	----	2 1/2 tsp	5 tablets	2 1/2 tablets	2 1/2 caplets
11 yr	72 - 95 lbs.	----	3 tsp	6 tablets	3 tablets	3 caplets

**\*\* Can dose with Motrin every 6 to 8 hours.**

\*\* Children's Motrin is available over-the-counter for the temporary reduction of fever and relief of minor aches and pain due to colds, flu, sore throat, headaches, and toothaches.

\*\* The recommended dose is 7.5 mg / kg every 6 – 8 hours. The recommended maximum daily dose is 30 mg / kg.