

FEVER (PEDIATRIC)

Fever in a child is generally defined as a temperature over 100.4°F rectally, over 99.5°F orally, or over 98.6°F axillary (armpit). The average normal oral body temperature is 98.6°F but individuals vary as much as 1° higher to 2° lower. Also, body temperature is *dynamic*, it normally fluctuates throughout the day. Mild temperature elevations (100.4°-101.3° F) often occur with exercise, excessive clothing, a hot bath, and hot weather. Fever is a normal response of the body to infection, and is generally helpful. Moderate fevers (100°-104°F) are not harmful and most are associated with minor viral illnesses which last 2-3 days. Only those fevers above 105°F can cause permanent harm. About 4% of children will have a brief seizure caused by fever (*febrile seizure*). Other than injury that might occur during the convulsion, these seizures are usually harmless. The degree of fever does not necessarily relate to the seriousness of an illness.

What you can do:

- Observe your child often when fever is present and offer comfort. Avoid overdressing.
- Provide and encourage plenty of oral fluids, especially water and other clear liquids.
- Except for very high fevers, it can be of benefit to allow a fever to run its course.
- Medications to reduce fever should only be used for fevers over 102°F and/or if your child is uncomfortable. Avoid using the same dropper for different medications. When the correct dose of medication is taken, the fever should decrease 2°-3° F within two hours.
- It is not necessary to wake a sleeping child for medication.
- If your child has recently been eating or drinking, wait 10 minutes to check the temperature to increase accuracy.

Safe and effective fever reducing medications for children:

- Acetaminophen (Tylenol, Anacin 3, Liquiprin, Panadol, Tempra) and ibuprofen (Children's Motrin, Advil) are safe choices. Children over 2 months can receive any acetaminophen product. Give every 4-6 hours. Ibuprofen can be given to a child 6 months and older. It is similar in effectiveness to acetaminophen in reducing fever but lasts longer (6-8 hours).
- In children and adults up to age 21, **aspirin should not be used if there is any possibility of viral illness like influenza, chickenpox, cold, cough, or sore throat.** Aspirin use with these illnesses has been linked to Reye's syndrome, a rare but severe illness in children.
- **Caution:** Many non-prescription medications contain aspirin. Read the labels and know what you are giving your child.

Sponging with water:

- This should normally only be used in emergencies for heatstroke, delirium, seizure due to fever, or fever 106°F or higher. However, sponging may be used if fever is 104°F or higher, is not lower 30 minutes after medication, and your child is very uncomfortable.
- Except in an emergency (when you can use only slightly cooler water), use tepid or lukewarm water (85°-90°F). If the water is too cool, it can cause shivering which actually raises the body temperature. DO NOT sponge with rubbing alcohol.
- When sponging, sit your child in a shallow tub of water and continually wet the skin surface. If your child begins shivering, slightly warm the water or wait for the medication to take effect. Your goal is to reduce temperature to about 101°F, not to normal.

Contact your physician for any fever in a baby age 2-4 months; fever 104°-105° F; fever with painful urination; fever that lasts more than 24 hours without an obvious cause or any fever that lasts over 72 hours; or if there is a history of febrile seizures.

Seek immediate medical assistance for any fever in an infant age 0-2 months old; fever in any age child over 105° F; if he is difficult to awaken; will not stop crying; has a stiff neck, purple

spots on the skin, difficulty breathing after clearing the nose, unable to swallow and drooling, or is acting very sick!