

Fever is an elevated body temperature usually in response to a viral or bacterial infection. However, mild elevations in body temperature can be caused by exercise, excessive clothing, a hot bath, or hot weather. We define a fever as a rectal temperature over 101.5 F or 38.5 C. Fever is one way the body fights off infection, so it can be beneficial. This handout addresses frequently asked questions about fever.

**How should I take my child's temperature?** If your child is less than 2 yrs old, the most accurate way to take the temperature is rectally. If you take the temperature under the arm, it may be lower or higher than the actual body temperature. Ear thermometers are often inaccurate, and are not recommended for infants less than 12 months because their ear canals are too small. A child 5 years or older may be able to hold a thermometer under his tongue for an oral temperature.

**How do I use a rectal thermometer?** We recommend using a digital thermometer for a rectal temperature simply because it takes less time than a glass thermometer. Place the baby on his back and bend his knees and hips up. Lubricate the thermometer with KY Jelly and insert about 1/2 inch into the bottom. Hold the buttocks together around the thermometer until the temperature is ready, or 3 minutes with a glass thermometer. Ear thermometers cannot be used to take a rectal temperature, even if there is a "rectal" setting.

**What is the best way to take an oral temperature?** Be sure that your child has not taken a cold or hot drink within the last 30 minutes. Place the thermometer under one side of the tongue and toward the back. Have your child hold it in place with the

lips, and breathe through the nose- holding the mouth closed.

**How high can a fever go before it causes brain damage?** It is a common misconception that high fever will cause brain damage. The body temperature must reach 107 F before the heat will cause any damage. Temperatures this high can occur with hyperthermia or heat stroke, but not as a fever. Some children have a seizure with a rapid increase in body temperature, but this does not cause brain damage. If the child already has a very high temperature when you take it, you do not need to worry about a febrile seizure.

**How should I treat my child's fever?** If your child is comfortable, playing or sleeping you do not need to treat the fever at all. Remember that fever can help your child fight off an infection. Please dress your child in lightweight clothing when he has a fever. Bundling may cause the body temperature to go higher, especially in babies and toddlers. Most children who have a temperature of 102 F or higher will be cranky and less active than usual. If this is the case, we recommend using Tylenol to bring the fever down and make the child feel better. Motrin or Advil can also be used to treat fever and will last up to 8 hrs, so it allow your child to sleep longer. Do not use Motrin or Advil if your child has vomiting or diarrhea or if he is not drinking liquids very well for 8 to 10 hrs.

Any medicine you give for fever will take 1-2 hrs to be fully effective, so if the temperature is over 104 F, you might want to give your child a sponge bath with water that is 85 to 90 degrees. If the water is too cool, it will make him shiver and the temperature will increase instead of decreasing. Do not sponge your baby with rubbing alcohol.

**FEVER**

**When should I call the doctor?**

**Call immediately if:**

- Your child is less than 2 months old.
- Your child is crying inconsolably.
- You cannot wake your child or he doesn't recognize you.
- Your child's neck is stiff.
- Any purple spots are present on the skin.
- Your child cannot swallow and is drooling saliva.
- Breathing is difficult and doesn't improve after the nose is clear.
- Your child has severe abdominal pain.
- Your child continues to act or look very ill 1 hour after treatment with Tylenol or Advil.

**Call within 24 hours if:**

- Your child is 3 to 6 months old.
- Your child is less than 2 years and there is no obvious source for the fever (congestion, runny nose, cough, vomiting and diarrhea, etc.)
- Your child has burning or pain with urination.
- Your child develops a rash with the fever.

**During regular office hours if:**

- Your child has had a fever for more than 72 hours.
- The fever went away for more than 24 hours and then returned.
- You have other questions or concerns

**Dosing Chart for Acetaminophen (Tylenol)**

**Given every 4 hours**

<u>Weight</u>	<u>mg</u>	<u>Infant Drops (80mg/0.8ml)</u>	<u>Childrens Suspension (160mg/5ml)</u>	<u>Chewable (80mg tabs)</u>	<u>Jr. Strength (160mg tabs)</u>
6-11 lbs.	40	1/2 dropper			
12-17 lbs.	80	1 dropper	1/2 tsp= 2.5 ml		
18-23 lbs.	120	1 1/2 dropper	3/4 tsp= 3.5 ml		
24-35 lbs.	160	2 dropper	1 tsp= 5 ml	2 tabs	
36-47 lbs.	240		1 1/2 tsp	3 tabs	
48-59 lbs.	320		2 tsp	4 tabs	2 tabs
60-71 lbs.	400		2 1/2 tsp	5 tabs	2 1/2 tabs
72-95 lbs.	480		3 tsp	6 tabs	3 tabs
>96 lbs.	640				4 tabs

**Dosing Chart for Ibuprofen (Motrin/Advil/Pediacare Fever)**

**Given every 6 hours**

<u>Weight</u>	<u>mg</u>	<u>Infant Drops (50mg/1.25ml)</u>	<u>Childrens Suspension (100mg/5ml)</u>	<u>Chewable (100mg)</u>	<u>Capsules (200mg)</u>
11-16 lbs.	50	1.25 ml	1/2 tsp		
17-21 lbs.	75	1.875 ml	3/4 tsp		
22-27 lbs.	100	2.50 ml	1 tsp	1 tabs	
28-32 lbs.	125		1 1/4 tsp		
33-37 lbs.	150		1 1/2 tsp		
38-43 lbs.	175		1 3/4 tsp		
44-54 lbs.	200		2 tsp	2 tabs	1 tab
55-65 lbs.	250		2 1/2 tsp		
66-87 lbs.	300		3 tsp	3 tabs	
> 88 lbs.	400		4 tsp	4 tabs	2 tab