**FEVER**

**When to be concerned, and when to call the doctor**

*Fever is a common occurrence in children, and a common concern for parents. Here are some tips about how to treat fever, when to be concerned, and when to call the office or the on-call doctor.*

**What is a fever?** Fever (a body temperature of 100.4 or higher) is not harmful. It actually helps your child’s body fight infection. It will make your child very uncomfortable, and this is the main reason why we treat fever. Children with fever might have shaking chills, sweating, flushing, fast breathing and/or lethargy. They are often very cranky, have trouble sleeping and a poor appetite.

Fever is more likely to occur in the late afternoon or the evening. You may find that as your child’s illness is improving, there may be a day or two where there is no fever in the daytime but it returns at night.

**How do we treat a fever?** Acetaminophen (for children of any age) and ibuprofen (in children 6 months of age or older) are the medications used to treat fever. We have a dosing chart available on our website (http://www.milestonespediatrics.com/usefullinks.html). If you give these medications and they don’t seem to work, check to make sure you are not UNDER-dosing your child. Ibuprofen tends to work a little better and a little longer than acetaminophen, but in a child who is not eating much, it might cause a bellyache. Acetaminophen can be used not more frequently than every 4 hours. Ibuprofen can be used up to every 6 hours. If you give one medication, and after an hour you see no improvement, it is okay to give the other. Please write down the medications and times that they are given to your child to be sure that each individual medication is not given too frequently.

DO NOT use aspirin in children unless previously prescribed by a doctor. Aspirin could lead to Reye’s syndrome when given during certain viral infections.

If your child is refusing medications by mouth, you can find acetaminophen rectal suppositories over-the-counter at your local pharmacy. The dosing is the same as for the oral medication. Ibuprofen can also be made into a rectal suppository at a local compounding pharmacy, such as Miller’s of Wyckoff or Oakland Drugs.

Other ways to treat fever include undressing your child; giving the child a cool (not icy!) bath; and putting cool packs on the pressure points, like the armpits, groin, forehead or back of the neck.

**Febrile Seizures:** A common concern about parents is that their child’s fever will reach a certain temperature and will cause a seizure in their child. Some children do have febrile seizures, especially those who have a family history of febrile seizures. These are almost never harmful, and they are not caused by a “magic number” that the fever reaches, but rather by a tendency in that child to have a seizure with fever, even a low one. Always call our office at any time if your child has a seizure with fever for the first time. Some children who have several febrile seizures can just let us know about it during office hours if the seizure was typical for your child and something that you are familiar with.

**WHEN TO CALL THE OFFICE AFTER HOURS:**

* Fever in an infant less than 12 weeks old
* Fever in a child with severe immune problems, such as sickle cell disease or cancer, or when taking chronic steroids
* Fever occurring with other symptoms, including stiff neck, severe headache, or unusual dark red or purple rashes
* Fever in a child who has been in a very hot place, such as an overheated car, or after exercising in the extreme summer heat
* Fever in a child who looks very ill, is unusually drowsy, or unusually fussy AFTER medication has been given a chance to bring the fever down
* Fever that occurs with seizure

**When to make an appointment:** If your child has fever that lasts more than 72 hours or is accompanied by pain or other concerning symptoms.

**TYPES OF THERMOMETERS:**

Only digital thermometers are recommended. Mercury thermometers are not recommended due to potential for mercury exposure and poisoning.

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| Type | How it works | Where to take the temperature | Age | Notes |
| Digital multiuse thermometer | Reads body temp when the sensor at the tip touches that part of the body  Can be used rectally, orally, or axillary | Rectal  Oral  Axillary (armpit) | Birth to 3 years  4-5 years and older  Least reliable technique, but useful at any age | Label thermometer as “oral” or “rectal”; don’t use the same one in both places.  When taking an axillary temp, the sensor should be only against skin, not with clothing present. |
| Temporal artery | Reads the infrared heat waves released by the temporal artery in the forehead | On the side of the forehead | 3 months and older  Under 3 months, better as a screening device than axillary | May be reliable in newborns and infants under 3 months according to new research. |
| Tympanic (ear) | Reads the infrared waves released by the eardrum | In the ear | 6 months and older | Not reliable |

Based on chart from HealthyChildren.org 2/2014