

IS MY CHILD SICK - FEVER

FEVER

How to Determine If you Child Has A Fever

IF YOU PERFORM A:	YOUR CHILD'S TEMPERATURE IS:
†Rectal, Ear or Temporal Artery (TA) temperature †Pacifier or Oral temperature †Axillary (armpit) temperature	&
	100.4 F (38.0 C) or higher 100 F (37.8 C) or higher 99 F (37.2 C) or higher

†Limitation: Ear (Tympanic Membrane) and Temporal Artery (TA) temperatures are not reliable before 6 months of age
 †Use this guideline if fever is your child's only symptom

Causes

- Main cause: colds and other viral infections
- Fever may be the only symptom for the first 24 hours (i.e., viral fevers). The onset of symptoms (runny nose, cough, diarrhea, etc.) are often delayed. In the case of Roseola, fever may be the only symptom for 2 or 3 days.
- The cause of the fever usually can't be determined until other symptoms develop. That may take 24 hours.
- Bacterial infections (e.g., Strep throat or urinary tract infections) also cause fever
- Teething does not cause fever

Return to School

Your child can return to day care or school after the fever is gone and your child feels well enough to participate in normal activities.

Call 911 Now (your child may need an ambulance) If:	Call Us Now (night or day) If:	Call Us Within 24 Hours If:	Call Us During Weekday Office Hours If:	Parent Care at Home If:
<ul style="list-style-type: none"> • Not moving or very weak • Unresponsive or difficult to awaken • Difficulty breathing with bluish lips • Purple or blood-colored spots or dots on skin 	<ul style="list-style-type: none"> • Your child looks or acts very sick • Not alert when awake • Any difficulty breathing • Great difficulty swallowing fluids or saliva • Child is confused (delirious) or has stiff neck or bulging soft spot • Had a seizure with the fever • Age under 12 weeks with fever above 100.4° F (38.0° C) rectally (Caution: Do not give your baby any fever medicine before being seen) • Fever over 104° F (40° C) and not improved 2 hours after fever medicine • Very irritable (e.g., inconsolable crying or cries when touched or moved) • Won't move an arm or leg normally • Signs of dehydration (very dry mouth, no urine in more than 8 hours, etc.). • Burning or pain with urination • Chronic disease (e.g., sickle cell disease) or medication (e.g., chemotherapy) that causes decreased immunity 	<ul style="list-style-type: none"> • You think your child needs to be seen • Age 3-6 months with fever • Age 6-24 months with fever present over 24 hours but no other symptoms (e.g., no cold, cough, diarrhea, etc.) • Fever repeatedly above 104° F (40° C) despite fever medicine • Fever present for more than 3 days 	<ul style="list-style-type: none"> • You have other questions or concerns 	<ul style="list-style-type: none"> • Fever with no other symptoms AND you don't think your child needs to be seen

Article Information Courtesy of Dr. Barton D. Schmitt

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HOME CARE ADVICE FOR FEVER

Reassurance: Presence of a fever means your child has an infection, usually caused by a virus. Most fevers are good for sick children and help the body fight infection. Use the following definitions to help put your child's level of fever into perspective:

100°-102°F (37.8° - 39°C)	Low grade fevers: beneficial, desirable range
102°-104°F (39 - 40°C)	Mild fever: still beneficial
Over 104°F (40°C)	Moderate fever: causes discomfort, but harmless
Over 105°F (40.6°C)	High fever: higher risk of bacterial infections
Over 106°F (41.1°C)	Very high fever: important to bring it down
Over 108°F (42.3°C)	Dangerous fever: fever itself can harm brain

Treatment for All Fevers: Extra Fluids and Less Clothing

- Give cold fluids orally in unlimited amounts (reason: good hydration replaces sweat and improves heat loss via skin).
- Dress in 1 layer of light weight clothing and sleep with 1 light blanket (avoid bundling). (Caution: overheated infants can't undress themselves.)
- For fevers 100°-102° F (37.8° - 39°C), this is the only treatment needed (fever medicines are unnecessary).

Fever Medication:

- Fevers only need to be treated with medicine if they cause discomfort. That usually means fevers above 102°F (39°C).
- Give acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil). See the dosage charts.
- The goal of fever therapy is to bring the temperature down to a comfortable level. Remember, the fever medicine usually lowers the fever by 2° to 3° F (1 - 1.5° C).
- Avoid aspirin (Reason: risk of Reye's syndrome, a rare but serious brain disease)
- Avoid alternating acetaminophen and ibuprofen (Reason: unnecessary and risk of overdose)

Sponging:

- Note: Sponging is optional for high fevers, not required.
- Indication: May sponge for (1) fever above 104° F (40° C) AND (2) doesn't come down with acetaminophen (e.g., Tylenol) or ibuprofen (always give fever medicine first).
- How to sponge: Use lukewarm water (85 - 90° F) (29.4 - 32.2° C). Do not use rubbing alcohol. Sponge for 20-30 minutes.
- If your child shivers or becomes cold, stop sponging or increase the water temperature.

Contagiousness:

- Your child can return to day care or school after the fever is gone and your child feels well enough to participate in normal activities.
- Expected Course of Fever: Most fevers associated with viral illnesses fluctuate between 101° and 104° F (38.4° and 40° C) and last for 2 or 3 days.

Call Us If:

- Fever goes above 104° F (40° C) repeatedly
- Any fever occurs if under 12 weeks old
- Fever without a cause persists over 24 hours (if age less than 2 years)
- Fever persists over 3 days (72 hours)
- Your child becomes worse

And Remember, Call 513-244-5959 If Your Child Develops Any Of The "When To Call Us" Symptoms.

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