



DELAWARE MODERN PEDIATRICS, P. A.

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FEVER

Your child will have a fever several times during childhood. Usually, fever is due to a virus or other self-limited illness. However, it is not always easy to tell whether a child's fever is due to a more serious illness. The best clue is the child's level of activity; a child who seems playful, even if a little less so than usual, is less likely to have something serious, even if the thermometer records a high fever. If you are concerned, please do not hesitate to call.

At what temperature should I be concerned?

Infants normally have a temperature of 99-100. If your infant is under two months and has a fever over 100.5°F (38.1°C), call us immediately!

However, fever in children 3 months or over is usually NOT an emergency, unless the child looks extremely sick or the temperature is over 104.6°F. Older children may sometimes run very high fevers due to a self-limited virus. Temperatures over 104.6°F are somewhat more likely to indicate a bacterial infection, so an emergency call for temperatures over 104.6°F might be warranted, depending on other symptoms. But keep in mind that the child's degree of activity is a better indicator than the height of the temperature alone. If the child is acting very sick, call us; but if the child is alert and playful, then a call might be less urgent. Trust your instincts.

Fever by itself is **NOT HARMFUL**. You may have heard stories about brain damage, blindness and so on from a high fever alone, but they are not true. Fever makes children feel sick, and the child will feel more comfortable if you bring it down, but fever itself is not an emergency. Occasionally, a rapid rise in temperature on the first day of an illness in a young child will bring on a seizure; of course, if your child has a seizure, we expect you to call us immediately so that we can distinguish between this "febrile seizure" from something more serious. However, even in this case, the classic "febrile seizure" does not harm the child in any way.

Temperature technique: For infants and children, digital axillary thermometers are fine. (Rectal temperatures are more reliable, and easy to take, but they have become less popular.). Ear thermometers and forehead (infrared temporal artery) thermometers give an inaccurately high reading in infants under a year of age, but they are accurate in toddlers and children. An oral temperature in school-age children is acceptable.

Please do not add or subtract points for oral or axillary temperatures; simply record the temperature on the thermometer. Please do not use paper "forehead strips" or pacifier-thermometers; they are very inaccurate.

When to call about fever: During morning telephone hours, if possible. You can expect fever to be higher at night; this is not necessarily an emergency, but can be handled with fluids, acetaminophen (or ibuprofen) and lukewarm baths. Call at any time for a fever with other unusual symptoms, or for a fever over 100.5°F (38.1°C) in an infant under 3 months. Call during telephone hours for a fever lasting more than two days, even if there are no other symptoms.

To bring down a fever for your child's comfort:

1. **Fluids** of any variety should be given, some every hour while awake.

Milk may be given to children with fever, if they prefer. If the child refuses fluids for several hours, you may have to encourage fluids more strongly until he starts taking them on his own; you may try sips through a straw, spoon-feed or give pieces of ice pop slowly. If he is vomiting, see our handout for vomiting. You can expect the appetite for solids to be decreased; this may persist for several days and is not harmful, as long as the child takes fluids well.

2. **Lukewarm baths** are very useful, and may be repeated as often as desired. (Use lukewarm water, NOT cold water or alcohol.)
3. **Dress the child lightly**; do not bundle or overdress.
4. **Acetaminophen** (Tylenol®, store brand non-aspirin, etc.), every 4 hours. It is effective for fever and achiness, or for pain, but is not effective for cold symptoms. Rectal suppositories (Feverall ®) are available without prescription for children who are vomiting or refusing oral doses. If you use the old-style "infant drops," discard the dropper when the bottle is empty; you cannot use this dropper to measure other types of acetaminophen elixir.
5. **Ibuprofen** (Children's Motrin® or Advil®) is useful for fever and pain. 4 hour dosing is safe, even though the label may recommend 6-8 hours.

(If the fever is very high, perhaps 103° or more, it is safe to alternate ibuprofen and acetaminophen, one or the other every 3 hours.)

Acetaminophen dosage:

Weight	Dose	Infants (syringe)	Elixir	Chewable Tab (80 mg)	Drops (old bottle)
9-10 lb:	60 mg	2 mL			0.6 ml
11-14 lb:	80 mg	2.5 mL	½ tsp.		0.8 ml
15-19 lb:	120 mg	3.75 mL	¾ tsp.		1.2 ml
20-30 lb:	160 mg	5 mL	1 tsp.	2 tabs	1.6 ml
30-40 lb:	240 mg	7.5 mL	1½ tsp.	3 tabs	
40-50 lb:	320 mg	10 mL	2 tsp.	4 tabs	

Over 50 lb: Calculate about 7 mg acetaminophen per pound, up to 1000 mg. every 4 hours.

Ibuprofen dosage:

Weight:	Milligram Dosage	Pediacare® drops 50mg/1.25ml	Advil®/Motrin® Drops 50mg/1.25ml	Children's suspension 100mg/5ml	Chewable Tablets 50mg each	Junior strength 100mg each
9-10 lbs (>3 months)	25mg	½ dropper (0.625)	1/3 syringe (0.625ml)	N/A	N/A	N/A
11-16 lbs	50mg	1 dropper (1.25ml)	2/3 syringe (1.25ml)	½ tsp (2.5ml)	N/A	N/A
17-21 lbs	75mg	1 ½ dropper (1.25ml + 0.625ml)	1 syringe (1.875ml)	¾ tsp (3.75ml)	N/A	N/A
22-26 lbs	100mg	2 droppers (2 x 1.25ml)	1 1/3 syringe (1.875ml + 0.625ml)	1 tsp (5ml)	2 tablets	1 tablet
27-32 lbs	125mg	2 ½ droppers (2 x 1.25ml + 0.625ml)	1 2/3 syringe (1.875ml + 0.125ml)	1 ¼ tsp (6.25ml)	2 ½ tablets	
33-37 lbs	150mg	3 droppers (3 x 1.25ml)	2 syringes (2 x 1.875ml)	1 ½ tsp (7.5ml)	3 tablets	1 ½ tablet
38-42 lbs	175mg	3 ½ droppers (3 x 1.25ml + 0.625ml)	2 1/3 syringes (2 x 1.875ml + 0.625ml)	1 ¾ tsp (8.75ml)	3 ½ tablets	

Over 42 pounds: Calculate 5 mg ibuprofen per pound, up to 400 mg every 4 hours.