

FEVER

Fevers often strike emotion in families. No one likes to see their child uncomfortable! We hope that this blog will help educate families on what is normal and when to be concerned.

What is a fever?

1. Fever is our body's way of fighting off infection. Fever is a protective mechanism.
2. Fever is an indication that the body is mounting an immune response.
3. Fever is a symptom of an infection and not normally harmful.

How should I check my infant/child's temperature?

1. **Infants less than 2 months old**- always rectally! This is extremely important and the most accurate way to determine a core body temperature in this age group.
2. **Infants/children 2 months and older**- under the arm, oral, forehead and ear thermometers are all acceptable, assuming the thermometers are accurate.

How do we define a fever?

**Below 100.4 is NOT a fever!

1. **Low Grade**- 100.4 – 101
2. **Moderate Grade**- 102 – 103
3. **High Grade**- 104 – 105
4. **Very High Grade**- greater than or equal to 106 (very unusual)

**Remember, fever is our friend! Whether the temperature is 100 or 102 should not change a parent's decision making. Treat the child, not the temperature. If the child is uncomfortable, it is okay to give Tylenol (2 months and up) or Ibuprofen (6 months and up).

When should I check my child's temperature?

1. Initially when your child is acting sick or feels warm, to determine if your child has a fever.
2. Then to determine whether your child's fever has resolved or recurred.
3. It is not necessary to continue checking fevers. The old fashion hand on the forehead is acceptable!

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When are fevers concerning?

1. Any **baby under 2 months of life** with a fever above 100.4 rectally needs to be seen immediately! (We are trying to prevent serious bacterial infections like meningitis, urinary tract infections and pneumonia.)
2. Children with **respiratory distress**. (Breathing 60+ times a minute, retractions of the ribs, grunting or nasal flaring are all concerning signs.)
3. Signs of **dehydration**. (Dry mouth without any moisture, no urine output in 12 hours, unable to wake the child up or no tear production.)
4. **Other signs of a possible bacterial infection**. (Ear pain, significant sore throat, pain with urination or deep productive cough.)

**Remember, if you are worried about an ear infection, urinary tract infection or strep throat in your child, it is not an emergency! Waiting until the next morning or Monday is acceptable as long as the child is acting appropriately, and their pain/discomfort is manageable with Ibuprofen or Tylenol.

**In most cases, parents just need to make it through the night. We have a walk-in hour available from 8-9am Monday through Friday for your convenience.

How do you treat a fever?

1. **Infants older than 2 months:** Tylenol may be used with the correct dosing every 4 hours as needed.
2. **Infants older than 6 months:** Ibuprofen (Motrin/Advil) may be used with the correct dosing every 6 hours as needed.

**Remember, our goal is not to get rid of a fever, but to treat the discomfort a child may be having.

****Dosing charts** for Tylenol and Ibuprofen are available on our website.

Can you alternate Tylenol and Ibuprofen?

1. You can, however, two medications are not necessarily better than one! Start with either Tylenol or Ibuprofen and see how your child responds. If the temperature drops and he/she feels better, you do not need to give anything else. Plus, your child will get the protective benefit of having a lower fever, but not the discomfort.
2. If you need to use both Tylenol and Ibuprofen, we encourage parents to write down when the medications were administered. Documenting the times and type of medications ensures that parents are giving Tylenol or Ibuprofen in the right time frame and reduces the risk of overdose.

When should I call the doctor regarding fevers?

1. **Business hours:** Call if you need guidance on management or need help on deciding if your child needs to be seen in the office.
2. **After hours:** If you need help on deciding whether to bring your child in to the urgent care center or emergency department when the office is closed.