

# Fever in Children: Fears and Facts

Did you know that your body temperature varies throughout the day? It's lower in the morning and higher in the afternoon and evening.



*“Children may have high fevers from minor viral illnesses that do not make them very sick.”*

Fever is a symptom, not a disease. It is the body's normal response to infections. Fevers help fight infections by causing the production of antibodies.

Mild temperature elevations can be caused by exercise, over-dressing, a hot bath or hot weather. We call it a fever when the body temperature is equal to or greater than 100.4 F rectal/temporal scan (100.0 F by mouth or ear thermometer; 99.4 F under arm).

Fever is a normal response to infection and is usually not a cause for concern.

## Why fever is often not a cause for concern

**You may worry...** that prolonged high fever can cause harm.

**We know...** that it's extremely rare that a fever would reach a height that would cause harm. This only occurs at extremely high temperatures of 106–107° F. The body is pretty smart and has mechanisms that almost always prevent this from occurring.

**You may worry...** that a high temperature can cause seizures.

**We know....**that the height of the fever is not the cause for seizures; a small number of young children seem to be more prone to seizures with fever. When seizures do occur, they are usually not dangerous and have no long-term effects (other than really scaring parents).

**You may worry...** that higher temperatures mean more serious illness.

**We know...** the height of the temperature does not necessarily indicate the seriousness of the illness.

How your child looks and acts (especially when his/her fever is down) is much more important than the thermometer reading.

## When should you call Kaiser Permanente?

### Call right away if your child:

- is less than three months old and has a fever above 100.4°, rectally
- has a stiff neck (unable to touch chin to chest)
- is very irritable or hard to comfort
- is sleeping far more than usual, is difficult to awaken, or is confused
- (infant) seems limp, not very responsive, or much less active than normal
- has trouble breathing. . .
  - . chest caves in between the ribs
  - . has a grunting or wheezing sound with breathing
- has a skin rash that looks like bruises, or red spots that do not turn white when you press on them
- is on her period *and* has diarrhea or a rash as described above
- has a seizure
- drools or is unable to swallow
- has joint pains or refuses to use an arm or leg
- has bloody diarrhea or pain urinating
- has fever and has an immune disorder or has a cochlear implant

### Also call if your child has:

#### Infant age 0–2 months:

- temperature less than 98° rectal/ forehead scan (or 97° under arm)
- temperature 100.4° or above, rectal/ forehead scan (or 99.4° under arm)

#### Age 2 months to 3 years:

- fever for more than 72 hours

### Age 3 years and older:

- fever for more than 5 days

### Any age:

- temperature 106° F (41.1° C) or greater (extremely rare)
- you are concerned about how your child is doing

## What about ear pain or sore throat with fever?

If the temperature is less than 101° and your child is also congested, these symptoms are most likely due to a cold.

## So, what should you do when your child has fever?

In most instances you can safely take care of your child at home. If your child does not appear very ill, it is fine to wait 48–72 hours to see if the fever goes away.

Treating fever will not make the infection go away any faster.

Encourage your child to drink extra liquids, such as juice or broth. Popsicles and ice chips are also good choices.

Dress your child lightly.

If your child is uncomfortable, give acetaminophen (e.g. Tylenol®).

Ibuprofen (e.g. Advil®) may be used as long as your child is over six months and is taking fluids well.

**Do not give aspirin.** Aspirin has been associated with Reye's Syndrome, a very serious illness.

It is not necessary to sponge child; if child chooses to take shower to cool down, that's fine.

## Other resources

American Academy of Pediatrics

[www.aap.org](http://www.aap.org)

Bright Futures

[www.brightfutures.org](http://www.brightfutures.org)

Family Doctor

[www.familydoctor.org](http://www.familydoctor.org)

*Guide to Your Child's Symptoms,*

American Academy of Pediatrics

## For our members

Read your Kaiser Perm

*Healthwise Handbook.* Request a free copy at your medical office.

Visit [kp.org](http://kp.org):

- E-mail your doctor's office
- View & learn about test results
- and more!

**Measuring medication**—Use a medication dosing spoon or syringe (available at the pharmacy).

Do NOT use a common kitchen spoon to measure medication. 5 mL = 1 teaspoon.

**Acetaminophen (Tylenol®, Tempra®, etc): every 4 hours, no more than 5 times in a 24-hour period.**

	6–11 lbs 3–4 mos	12–17 lbs 4–11mos	18–23 lbs 1–2 yrs	24–35 lbs 2–3 yrs	36–47 lbs 4–5 yrs	48–59 lbs 6–8 yrs	60–71 lbs 9–10 yrs	72–92 lbs 11–12 yrs
Infant Drops (80mg/0.8cc)	0.4 mL	0.8 mL	1.2 mL	1.6 mL				
Elixir (160mg/5cc)		2.5 mL	3.75 mL	5 mL	7.5 mL	10 mL	12.5 mL	15 mL
Chewtabs (80mg/tab)			1 ½ tab	2 tabs	3 tabs	4 tabs	5 tabs	6 tabs
Junior Strength tabs (160mg)						2 tabs	2 ½ tabs	3 tabs
Acetaminophen suppositories		One 80 mg supp.	One 125 mg supp.			One 325 mg supp.		

**Ibuprofen (Advil®, Motrin®, etc): every 6 hours, no more than 4 times in a 24-hour period.**

(Do not give ibuprofen to children under 6 month or children not taking fluids well.)

	Under 6 months	12–17 lbs 6–11mos	18–23 lbs 1–2 yrs	24–35 lbs 2–3 yrs	36–47 lbs 4–5 yrs	48–59 lbs 6–8 yrs	60–71 lbs 9–10 yrs	72–95 lbs 11 yrs
Infant Drops (50mg/1.25cc)	NOT recom- mended	1.25 mL	1.875 mL	2.5 mL	3.75 mL			
Children's Suspension (100 mg/5cc)				5 mL	7.5 mL	10 mL	12.5 mL	15 mL
Ibuprofen Chewtabs (50 mg/tab)			1 ½ tab	2 tabs	3 tabs	4 tabs	5 tabs	6 tabs
Advil® Junior Strength (100mg)						2 tabs	2 tabs	3 tabs

The information presented here is not intended to diagnose health problems or to take the place of the information or medical care you receive from your medical professional. If your child has chronic medical problems (diabetes, asthma) or persistent health problems, or if you have additional questions, please consult your child's doctor or other medical professional. If you have questions or need additional information about your child's medication, please speak to your pharmacist. The medications discussed in this handout are available without a prescription at Kaiser Permanente pharmacies or local drug stores. Always follow package instructions carefully. Kaiser Permanente does not endorse any brand names; any similar products may be used.



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