



FEVER IN CHILDREN: PHOBIA VS. FACTS

For Children Over 3 Months of Age

Parents often worry a great deal and have many misconceptions about fever. This handout will help you to judge when to be concerned about your child's fever.

What Are The Causes Of Fever?

Most childhood fevers are a response to infection, of which 80-90% are caused by viruses. In the first 24 hours, there may not be any other symptoms. When you see symptoms of a head or chest cold, muscle aches, vomiting or diarrhea, rash, etc., the fever is very likely due to the infection.

There are other rare causes of fever such as heat stroke. An existing fever can go higher by interfering with the body's ability to cool off by covering the child with too many blankets. Dehydration can also raise the temperature.

Parents often blame fever on teething. There is no scientific evidence for this. Children in this age group get viral infections frequently, and we recommend you interpret your child's fever as a sign of infection.

Is Fever A Bad Sign With Infection?

No. Fever helps the immune system fight off infection. Fever is caused by chemicals released in response to infection which in turn help white blood cells to be more active.

What If The Temperature Goes Quite High?

The height of the fever does not always correlate with the seriousness of the disease. We see serious pneumonia, even meningitis with fever of 102 degrees and harmless infections like roseola with fever of 105 degrees.

Doesn't High Fever Cause Brain Damage?

No. The opposite is true, that brain damage can interfere with the brain's ability to control the body temperature. There is one exception; severe heat stroke with temperature to 108 degrees can cause brain damage. Fevers caused by infections rarely go above 106 degrees. Studies have shown that the brain can tolerate temperatures up to 107.6 degrees.

Does Fever Cause Seizures?

Yes. About 4 percent of children are prone to have febrile (fever) seizures. This is something that runs in families and often occurs with febrile illness beginning in early childhood. It is unclear whether the seizure is truly related to fever; seizures usually occur at the beginning of the illness when the temperature may be low and do not occur when the temperature is spiking higher. These seizures are frightening to observe, but they are usually brief and do not cause brain damage. If you have no family history of febrile seizures and your child has never had one, you do not need to be concerned about them.

When Should I Worry About The Fever?

We don't worry about the fever alone; we look at the child. When the temperature goes up, the child is likely to feel poorly with tiredness, increased sleeping, mild headache, muscle aches, chills, and decreased appetite. This is common. The child may even talk nonsense or have hallucinations. Be concerned if the child is extremely lethargic, can't be awakened, won't make eye contact, or has other evidence of neurologic problems like stumbling and/or abnormal speech. What we are looking for are signs of a severe infection (meningitis, encephalitis). Be concerned if your child looks dehydrated from fever, especially if there is vomiting/diarrhea and he/she is drinking poorly.

These signs include extreme lethargy, infrequent urination, dry mouth, lack of tears, sunken eyes and pale skin color. If there is difficulty breathing, coughing, etc., we worry about asthma or pneumonia. In other words, we look at the child and the other symptoms, and this is how we judge the seriousness of the illness.





Fever in Children: Phobia vs. Facts

Page 2

How Should I Treat The Fever?

We recommend acetaminophen (Tylenol®), if the child is uncomfortable with fever. Remember, lowering the fever may interfere with the body's efforts to fight the infection.

However, it is very reasonable to make your child more comfortable by giving Tylenol. Tylenol works by lowering the thermostat in the brain. It will bring a fever down by 1 or 2 degrees, not all the way back to normal. Sponging with lukewarm water will lower fever, but children will often shiver and bring the temperature back up again. Remember, this is for comfort. If your child wants the sponge bath, it's okay to do, but don't force it. We do not recommend aspirin for childhood fever, as it has been associated with a rare but serious disorder called Reye's syndrome.

Ibuprofen (Children's Motrin®, Advil®, etc.) can also be used. Acetaminophen usually works for 4 hours, whereas ibuprofen lasts a little longer, 6-8 hours.

More important than Tylenol or ibuprofen is to be sure your child drinks adequate fluids. Decreased appetite is not a concern – any lost weight is usually regained once the appetite returns.

The Safety of Fever Medicines

Although all drugs carry some risk and you should not use them unnecessarily, both acetaminophen and ibuprofen are widely used and considered to be quite safe. For acetaminophen, however, it is very important that you dose it correctly.

Acetaminophen is very safe in correct dosage, but children have died from well-meaning parents repeatedly giving the wrong dosage. Follow the directions on the original package. Check with your provider if you are unsure.

How Often Should I Take The Temperature?

We ask that you take the temperature at least once when you think your child has a fever to document that he/she does. Thereafter, you do not need to take the temperature again. You can usually tell if your child has a fever by feeling the forehead. It is normal for fevers to go up and down in the course of an illness.

Normal temperatures vary greatly by the time of day, method taken (armpit lowest, rectal and ear highest), activity level, etc. Generally, a temperature of 100 degrees or higher is considered a fever, but one can feel feverish at lower temperatures.

When Should I Call The Doctor?

1. Fever in an infant less than three (3) months old.
2. Fever over 105 degrees (40.6 C)
3. Fever over 101 degrees that has persisted over 2-3 days or is recurrent in a child over three (3) months of age. If the child is in pain or acute distress, do not wait; but in the presence of fever without other symptoms, it is fine to wait 2-3 days.
4. Fever with difficulty breathing (remember children may normally "pant" and have elevated heart rate with fever.)
5. Fever accompanied by inability to arouse the child, inability to bend head so chin touches chest.
6. Fever with pain in a bone or joint, painful urination, severe sore throat, severe cough.

First Aid for Febrile Convulsion:

During a convulsion (seizure), a child becomes unconscious, the eyes roll upward, the body stiffens, and the arms and legs jerk. Most febrile seizures last less than 5 minutes. Leave your child on the floor or bed. Move only if in a dangerous place. If your child vomits or the secretions in the mouth build up, turn on his/her side so secretions can drain out. He/she will not swallow the tongue, leave it alone. Put nothing in the mouth. Only move or restrain to prevent injury. A seizure causes shallow breathing and a frightening bluish color. However, the child will NOT stop breathing and normal color will return when the seizure is over. It is helpful to check a clock because seizures often seem to last longer than they actually do. Most important of all – DO NOT PANIC. Brief febrile convulsions are scary but not harmful. Call your child's physician or 911 immediately if the febrile convulsion lasts more than 5 minutes. In all other cases, call after the seizure has stopped.

We hope this handout has been educational. Please ask us if you do not understand any of this information.

