

FEVER INFORMATION SHEET

PLEASE READ AND SAVE

General Information

Fever – an increase in body temperature – is one of the body’s defenses against infection. Normal body temperature can range from 97° to 100.4° F. The degree of fever does not always indicate the severity of an infection. It is important to monitor your child’s other symptoms when a fever is present. A temperature greater than 105° F should be discussed with your child’s doctor or nurse.

Fever is often a side effect of routine childhood immunizations (within 48 hours after a DTaP or Hib, or 7-10 days after an MMR, for example)

Taking a Temperature:

1. A rectal temperature is preferred in infants under 3 months. To use a rectal thermometer, **gently** insert the thermometer about ½ inch. It is okay to “monitor” your child with an axillary temperature, but it is best to confirm with a rectal temperature.
2. Axillary temperatures are acceptable for children over 3 months of age.
3. Ear thermometers and oral temperatures are acceptable in children over 1 year of age.
4. Digital thermometers are the quickest and easiest to use. Glass thermometers should not be used as they break easily.
5. Forehead strips are unreliable.

When to call - Any of the following symptoms:

- The baby is under 2 months of age and has a rectal temperature of >100.4° F
- Any child has a fever > 105° F
- The child looks very ill or acts significantly irritable or lethargic
- An unusual rash
- A severe headache or stiff neck
- Difficulty breathing or severe abdominal pain
- Refusal to walk or move an arm or leg.
- Any fever in a child who has an immune deficiency.
- Fever > 4 days or persistent symptoms such as sore throat or ear pain

Treatment:

The main reason to treat a fever is to help your child feel more comfortable. Children are often cranky, tired and achy when they have a fever. An increase in body temperature also increases their heart rate and they will also breathe faster to help stay cool. Fevers are typically higher at night.

Keep your child lightly dressed. Also encourage him or her to drink more fluids. Some children are more comfortable after being sponged with lukewarm water. Never use alcohol rubs or cold baths to lower a child’s temperature.

Acetaminophen and Ibuprofen can also be used to help manage fever. Please refer to the charts on the reverse side of this paper for appropriate dosing information. Be aware that many of the combination cold products also contain fever reducing medications. **Remember to always double check which strength of medication you are giving; never exceed the recommended doses or dosing intervals. NEVER USE ASPIRIN.**

Fevers are not dangerous and fevers <106° do not cause brain damage. Fevers do occasionally trigger a febrile seizure in some preschool age children. While frightening, these rarely cause any long-term health problems.

(See back for dosing)

ACETAMINOPHEN (TYLENOL) DOSAGE CHART

Weight in lbs	Suspension 160mg/5ml	Chews /Meltaways 80mg	Jr. Strength Chews/ Meltaways 160 mg	Adult 325 mg	Adult 500 mg
6-11	¼ tsp (1.25 ml)	x	x	x	x
12-17	½ tsp (2.5 ml)	1	x	x	x
18-23	¾ tsp (3.75 ml)	1½	x	x	x
24-35	1 tsp (5 ml)	2	1	x	x
36-47	1½ tsp	3	1½	x	x
48-59	2 tsp	4	2	1	x
60-71	2½ tsp	5	2½	1	x
72-95	3 tsp	6	3	1½	1
96+	x	x	4	2	1

** Do not use in children under 2 months old

** Tylenol should be used every 4 hours – no more than 5 doses in under 24 hours

IBUPROFEN (MOTRIN/ADVIL) DOSAGE CHART

Weight in lbs	Drops 50 mg/1.25 ml	Suspension 100mg/5ml	Chewable Tablets		Adult 200 mg
			50 mg	100 mg	
12-17	1.25 ml	x	x	x	x
18-23	1.875 ml	¾ tsp	x	x	x
24-35	2.5 ml	1 tsp	2	1	x
36-47	x	1½ tsp	3	1½	x
48-59	x	2 tsp	4	2	1
60-71	x	2½ tsp	5	2½	1
72-95	x	3	6	3	1½
96+	x	x	x	4	2

** Do not use in children under 6 months of age

** Do NOT use ibuprofen if your child:

- Has had an allergic reaction to aspirin
- Is complaining of abdominal pain, vomiting, or appears dehydrated

** Ibuprofen should be given every 6-8 hours with food – no more than 4 doses in 24 hours