



Fever, Child

A fever is a higher than normal body temperature. A normal temperature is usually 37°C (98.6°F) by mouth or 38°C (100.4°F) rectally. A fever is a temperature of 38°C (100.4°F) or higher taken either by mouth or rectally. If your child is older than 3 months, a brief mild or moderate fever generally has no long-term effect and often does not require treatment. If your child is younger than 3 months and has a fever, there may be a serious problem. In an infant age 28 days or less, a rectal temperature of 38°C (100.4°F) generally is regarded as fever and requires medical attention. A high fever in babies and toddlers can trigger a seizure. The sweating that may occur with repeated or prolonged fever may cause dehydration.

The fever is confirmed by taking a temperature with a thermometer. Temperatures can be taken different ways. Some methods are accurate and some are not. A measured temperature can vary with age, time of day, how the temperature is checked.

- An oral temperature is recommended for children who are 5 years of age and older. Electronic thermometers are fast and accurate.
- A rectal temperature is accurate and recommended from birth through 5 years.
- An ear temperature is not recommended and is not accurate before the age of 6 months. If your child is 6 months or older, this method will only be accurate if the thermometer is positioned as recommended by the manufacturer.
- An underarm (axillary) or forehead thermometer temperature may not give an accurate reading.
- Never leave child alone when taking the temperature.
- Glass mercury thermometers should never be used.

CAUSES

Fever is a symptom, not a disease. A fever can be caused by many conditions. Viral infections are the most common cause of fever in children and get better on their own in a few days. Some fevers are caused by bacteria and are treated with antibiotics. Your child will have a fever for 2-3 days with most illnesses, even if antibiotics are used.

HOME CARE INSTRUCTIONS

If your child's fever is more than 39°C (102°F) you should try to bring the fever down.

DO NOT IGNORE A HIGH FEVER.

- Give appropriate medicines such as acetaminophen (Tylenol® or Tempra), ibuprofen (Advil) for fever. Follow dosing instructions carefully. If you use acetaminophen to reduce your child's fever, be careful to avoid giving other medicines that also contain acetaminophen. Do not give your child Aspirin®. There is an association with Reye's syndrome. Reye's syndrome is a rare but potentially deadly disease.
- Fever medications are available in liquid, drops and suppositories.
- If your child has a fever at bedtime, awaken them once during the night to give fever-reducing medication.

This general advice cannot cover all possible problems. If there is concern, please contact your physician, healthcare provider or the Emergency Department without delay.



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- If your child is asleep and has a fever (over 39°C or 102°F), wake them when it is time for more medicine.
- If an infection is present and antibiotics have been prescribed, give them as directed. Make sure your child finishes them even if he or she starts to feel better.
- Your child should rest as needed.
- Maintain an adequate fluid intake. To prevent dehydration during an illness with prolonged or recurrent fever, your child may need to drink extra fluid. Your child should drink enough fluids to keep his or her urine clear or pale yellow.
- Sponging or bathing your child with room temperature water may help reduce body temperature. Do not use ice water or alcohol sponge baths.
- Dress in light clothing. Do not over-bundle children in blankets or heavy clothes.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child who is younger than 3 months develops a fever.
- Your child who is older than 3 months has a fever or persistent symptoms for more than 2 to 3 days.
- Your child who is older than 3 months has a fever and symptoms suddenly get worse.
- Your child becomes limp or floppy.
- Your child develops a rash, stiff neck, or severe headache.
- Your child develops severe abdominal pain, or persistent or severe vomiting or diarrhea.
- Your child develops signs of dehydration, such as dry mouth, decreased urination, or paleness.
- Your child develops a severe or productive cough, or shortness of breath.

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