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Fever

FEVER FALLACIES

Parents have several-honored but incorrect conceptions of how to care for the febrile child:

- **“BED REST?”** NOT ALWAYS! Bed rest neither reduces height nor duration of fever and is useful only when it makes the child more comfortable.
- **“SWEAT THE FEVER OUT”** PLEASE DO NOT! Bundling the child prevents heat loss and usually drives the temperature up even higher.
- **“STARVE A FEVER AND FEED A COLD?”** WRONG! Since the body’s energy and fluid requirements increase with fever, the child needs more fluid, not less. Although a child may feel too ill for a full meal, encourage fluid intake.
- **“ICE WATER ENEMAS AND ALCOHOL SPONGING?”** NEVER! These are dangerous as well as uncomfortable treatments. Besides a lukewarm “bath” reduces fever more effectively.
- **“STAY INDOORS?”** NOT NECESSARILY! If the outdoor temperature is mild, if he or she refrains from vigorous physical activities, and he or she stays away from other children, the febrile child will be just as comfortable sitting on the porch or in the backyard.
- **“BRAIN FEVER?”** UNTRUE! Some parents believe that high fevers “bake the brain” and cause brain damage. However, a child may contract encephalitis or meningitis, infections of the brain. In these uncommon diseases the special nature of the infection and not the fever that accompanies it sometimes results in brain damage. These uncommon causes of fever are readily diagnosed by way of accompanying symptoms

FEVER & THE BODY’S THERMOSTAT

The body both produces and loses heat. A “thermostat” deep within the hypothalamus of the brain continues to keep the temperature steady with a narrow range (97 – 99.8). However, in the presence of infection, this “thermostat” is reset to a higher temperature

(up to 106 F) and causes the body to retain more heat than it normally would. We call this upward resetting of the body's thermostat-- - fever.

HOW DOES INFECTION CAUSE FEVER?

The answer lies within our white blood cells, an important defense against infection. While fighting germs which have invaded the body, white blood cells release chemicals called pyrogens. The pyrogens, carried by the blood stream to the hypothalamus, reset the thermostat. This fever response, it appears, helps to combat infection.

WHEN NOT TO TREAT A FEVER

Treat the child, not the fever. Unlike adults, many toddlers feel well with temperature as high as 104 F. Also, the sleeping febrile child feels no discomfort. None of these children require fever medicines. **Treat only those children who act ill. Fever itself causes no harm.**

HOW AND WHEN TO TREAT THE FEVER

- Keep room temperature below 70 F. A cool air humidifier or air conditioner helps.
- ***Dress the child lightly. Blanket sleepers are a "no-no".*** Cover with sheet or light summer blanket.
- Force Fluids. More precisely, offer small frequent feedings of cool clear fluids (e.g. soda-pop, juices, water, and Popsicles).
- If the child feels unwell, begin acetaminophen (Tylenol, Tempra). Fever over 102 F often causes listlessness, tiredness, muscle pains, headaches, irritability and refusal to eat or drink. Ibuprofen may be used as an alternative if acetaminophen does not relieve the symptoms.
- When he or she feels well enough to sleep, let the child sleep.

FEBRILE CONVULSIONS

A seizure, or convulsion, is uncontrollable jerky body movements with loss of consciousness. Out of the thousands of patients we see each year for fever, only a few are prone to seizures with fever. These children almost always have a family history of febrile convulsions and usually have their first seizure before 3 years of age. The convulsion usually happens on the first day of illness. Since it correlates with a rapidly rising temperature in a susceptible child, the seizure almost always occurs before the child is suspected of having an elevated temperature. **Therefore, if you find your baby**

has a high fever (104 to 105 F), it is unlikely that he or she will not develop a seizure with that illness. Also, children older than 6 years do not have febrile seizures.

What about those few children who are prone to seizures with fever? A febrile seizure is scary but not harmful. It rarely lasts more than a few minutes. If the child seizes, lay him on a flat surface, sponge with tepid water, then have someone call the doctor. The seizure is usually over before the number can be dialed. We sometimes suggest that this small group of children be treated with fever medicines at the first sign of a febrile illness.

HOW TO DETERMINE A CHILD'S TEMPERATURE

Choose a thermometer that's easy to use and read. Both digital thermometers and glass mercury thermometers will give you an accurate reading. The newest thermometers available are ear thermometers that quickly and easily measure temperature inside the ear canal. They are still fairly expensive compared with glass and electronic models, and learning how to use them correctly takes some training. But they can be quick and relatively comfortable for children. Forehead thermometers are convenient and comfortable to use, but they are not very accurate. They may be handy for quick screenings, but for exact readings use a glass thermometer or a digital one.

Some Special Advice

Whenever possible, it is best to use a digital thermometer instead of a glass mercury thermometer. Glass thermometers can shatter and release the harmful mercury inside, so handle them carefully. No matter which type of thermometer you use, never take a child's temperature right after he has had a bath, since this can affect the temperature reading.

Choosing the Method

Babies and children younger than age 4 or 5 are too young to be able to keep their mouths closed for oral temperature readings, so their temperatures must be taken either in the rectum or under the armpit.

You can usually take an older child's temperature orally (by mouth) if he is mature enough and alert enough to be able to keep his lips closed tightly around the thermometer. However, if your child has frequent coughs or is breathing through his mouth because of a very stuffy nose, he might not be able to keep his mouth closed long enough for an accurate oral reading. If this is the case, it would be better to take his temperature either in the rectum or under the arm.

Temperature measured in the armpit (axilla) is called an axillary temperature reading. It is an alternative to the rectal method for infants and children younger than age four or five. It is also useful in older children who are so upset or uncomfortable from an illness that they can't cooperate in taking either a rectal or oral temperature.

No matter which method you choose, never leave a child unattended while taking his temperature.

Do not add or subtract degrees to the temperature to try to convert between rectal, oral, and axillary methods of taking the temperature. A temperature above 101 F, no matter which method is used, is always a fever. Temperatures between 100 and 101 F are slightly elevated. If the child's temperature is below 100 F he or she is generally not considered to have a fever.

WHEN TO CALL OR VISIT THE DOCTOR

- Temperature over 101 F in a baby younger than 2 months of age
- Temperature over 101 F for 3 or more days
- Fever with rash, constant crying, unusual listlessness, persistent vomiting, convulsion, or if you think the child appears acutely ill or is feeding poorly.

IN SUMMARY

- **Do not be alarmed by fever**
- **Abnormal behavior is a better indication of serious illness than is high fever, and a thermometer will never replace a watchful parent.**
- **Treat fever only to make the child more comfortable.**
- **Children with fever need fluids, light pajamas, sometimes a tepid bath and fever medications, and always lots of Tender Loving Care.**