

FEVER

Fever is the most common reason for a visit to a Pediatric office. Fever is defined as 38.5 celcius or higher if done rectally or in the ear. Oral temperatures are lower so 38 is a fever. Under the armpit (axillary) is 37.5 or higher.

Fever itself is not dangerous, it just means that something is going on. We treat fever for comfort. Bringing the fever down may not fix anything but it can make a child feel better. Parents spend too much time focussing on the temperature. Look at the child instead. If a child has a fever but is running around and happy, its not necessary to treat the fever. When a child seems uncomfortable, shivering or tired then bringing down the fever is important. Placing a feverish shivering child in a cool bath is wrong! That will not make the child feel better! If a child is shivering they need a blanket! Use acetaminophen (eg tylenol) or ibuprofen (eg advil) to bring down the temp.

Parents get confused when using both acetaminophen and ibuprofen together. The two do not interfere with each other. Give tylenol every 4 hrs and not sooner. Give advil every 6-8 hrs and not sooner. Whether you give tylenol and advil together or separate does not matter. Dosage always goes by weight. The dose of acetaminophen is 15 mg per kg body weight. Ibuprofen is 10mg per kg.

Age - note that in the case of an infant less than 2 months of age, the scenario changes. In this case you need to seek medical attention immediately. We do not tolerate fever in infants.

If a child has fever, we want to see them in order to diagnose the cause. Many times no treatment is indicated but the only way for us to know is the see the child. If fever continues after a visit, we would need to reassess a child every 2-3 days to see if anything has changed to explain why the fever is continuing.

Seizures- there are children that are predisposed to seizures when they have fever. It can be incredibly scary for a parent when a child has a febrile seizure but they recover and it is not dangerous.