What is a Fever?

"Temperature" and "fever" are terms used to indicate that a child has a higher than normal body temperature. A normal temperature can vary throughout the day and is affected by a child's activity. It is usually lowest in the morning and higher in the afternoon and evening. By itself, fever is not an illness. In fact, it is usually a positive sign that the body is fighting infection. Most fevers are not harmful and may actually protect the child.

Infections cause most children's fevers. Besides infections, fevers can be caused by a baby not drinking enough liquids, a reaction to a hot room, or overdressing. In older infants, preschoolers, and school age children, the most common causes of fever are: respiratory infections (colds, ear infections, tonsillitis, sore throats, bronchitis), immunizations (shots), vomiting and diarrhea, and bladder and other urinary tract infections.

A primary goal should be to help the child feel more comfortable, rather than to maintain a "normal" temperature. Caregivers should focus on the general well-being of the child, their activity, observing the child for signs of serious illness and maintaining appropriate fluid intake. Parents should not wake up a sleeping child to administer fever-reducing medicine.

For additional information call Floyd Valley Healthcare's nursing supervisor at 546-7871 or 1-800-642-6074. The nursing supervisor is available 24 hours a day, seven days a week.

When Should I Call the Provider?

Usually you can take care of your child at home. Have the child rest. Giving a fever-reducing medication can lower the fever and make your child more comfortable. A fever usually isn't dangerous if it isn't very high and any water your child's body loses from the fever has been replaced (by drinking water, juice, etc.). *Call your provider right away if your child:*

- Is 3 months or younger and has a fever.
- Has an oral temperature of 105° F or higher.
- Has an oral temperature of 103° F or higher after giving fever-reducing medication.
- Has a fever for more than 3 days.
- Has a fever that went away for more than 24 hours and then has returned.
- Has a fever that isn't lowering or they develop other serious symptoms.
- Is crying inconsolably or whimpering.
- Cries if you touch or move them.
- Has seizures or convulsions (shaking, twisting or jerking uncontrollably).
- Has a stiff neck (unable to touch chin to chest).
- Acts confused or sees/hears things that aren't there.
- Has unusual fussiness, sleepiness, crankiness, or quiet behavior with fever.
- Is hard to wake up.
- Will not drink liquids.
- Has trouble breathing.
- Has a skin rash.
- Has fewer wet diapers than normal.
- Has burning or pain with urination.
- Whenever you feel uncomfortable about the way your child feels or looks.

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Your Child's Fever

Four Steps to Staying C.A.L.M. When Your Child Has a Fever

1. **C**heck the temperature
2. **A**ssess for other symptoms
3. **L**ower the temperature
4. **M**onitor your child's behavior and temperature

The key to staying calm is being prepared:

- Put the following items in your medicine cabinet: a thermometer, acetaminophen and ibuprofen.
- Write down key phone numbers such as your child's provider, poison control center and local pharmacy.
- Keep an up-to-date record of your child's weight.
- List any medications that your child is taking and any allergies they have.

Check the Temperature

There are different types of thermometers that measure temperature at different areas of the body. Rectal (in the anus) temperatures are the most accurate, followed by forehead temperatures. Oral and ear temperatures are accurate if done properly. Armpit temperatures are the least accurate, but you can use this method to screen a child of any age. Digital pacifier thermometers and fever strips are not recommended. Remember to tell the provider which way you took the temperature. When using a digital thermometer, hold it in place for approximately 1 minute or until you hear the electronic beeps. Always clean the end of the thermometer in lukewarm soapy water or wipe it with rubbing alcohol after each use.

Rectal (anus): Use a thermometer with a short, stubby end to prevent injury to the rectum. Generously apply KY jelly to the thermometer tip so that you can insert it easily. Place the infant on their stomach or side with their knees pulled up. Hold the thermometer 1½ inches from the bulb, or silver tip end, and gently insert the stubby end into the rectum so that the bulb is covered. Do not insert it more than one inch. Keep a firm hold on the child and the thermometer, holding the thermometer with two fingers close to the anal opening (not near the end of the thermometer) and wait 3 - 4 minutes. Gently remove the thermometer and read the temperature. *A child has a fever when the temperature is at or above 100.4°F .*

Temporal (forehead): Can be used on children of any age. The sensor measures the heat waves coming off the temporal artery which is the blood vessel that runs across the forehead just below the skin. *A child has a fever when the temperature is at or above 100.4°F .*

Forehead Touch Temperature: Touching the skin, place the sensor at the center of the forehead. Keeping in contact with the skin, slowly slide the thermometer across the forehead toward the top of the ear. Stop when you reach the hairline. Read your child's temperature on the display screen.

Forehead No-Touch Temperature: Aim the thermometer at the center of the forehead. Stay less than 1 inch away and do not touch the forehead. Do not move the thermometer. Press the measurement button. Cold temperatures and direct sunlight after being outside may affect the reading. Forehead temperatures must be digital; forehead strips are not accurate.

Oral (mouth): Place the thermometer in the child's mouth, under the tongue on one side, and slide it back into the mouth, keeping it under the tongue. Make sure the child keeps their lips closed and does not bite the thermometer. Wait 3 minutes, then remove the thermometer and read the temperature. *A child has a fever when the temperature is at or above 99.5°F.*

Tympanic (ear): Use a thermometer specially designed for ear temperatures. Ear thermometers are not reliable for children under 12 months of age because of the small size of their ear canal. Pull the earlobe up and back. Center the thermometer probe tip in the ear and push gently toward the eardrum. Press the button and read the temperature. These thermometers are good for screening, but rectal temperatures are more accurate. A tympanic reading is equal to an oral reading.

Axillary (armpit): Use an oral or rectal thermometer. Remove the child's shirt and place the thermometer high into the child's clean, dry armpit. Make sure the bulb, or silver tip end, is completely covered between the child's arm and side. Hold the child's arm firmly against the side and wait 4 - 5 minutes. Remove the thermometer and read the temperature. *A child has a fever when the temperature is at or above 99.0°F .*

Assess (Look) for Other Symptoms

Remember, a fever is not an illness, it is a sign that your child is fighting an illness. Always assess your child's behavior and look for other symptoms. Is your child acting differently in any way? Do they have any of the following symptoms?

- Sore throat
- Diarrhea
- Trouble sleeping
- Irritability
- No appetite
- Headache
- Skin rash
- Vomiting
- Runny nose
- Infrequent urination
- Ear pain
- Achiness
- Lack of energy
- Pale/flush/mottled skin

Watch how much fluid your child drinks and watch for signs of dehydration (dry mouth, low amount of urine, no tears).

Lower the Temperature

What to do:

- Set the room temperature between 65-70°F.
- Remove warm clothing.
- Do *not* use alcohol to bring down a fever.
- Do not use cold baths or ice. These cool the skin, but often make the child shiver which raises the core body temperature.
- Encourage your child to drink plenty of cool / cold fluids (ice water, popsicles, juice).
- Put cool, moist washcloths on their forehead, arms, or hands.
- Don't force solid foods, milk, or milk products.
- Keep your child rested, quiet, and comfortable.
- If shivering, keep your child warm until shivering stops.
- Consider a fever-reducing medication.

Medication:

If your child looks uncomfortable, you may want to give them medication to lower the fever. Parents should be aware that the correct dosage is based on the child's weight, and that an accurate measuring device should always be used. The use of aspirin is **NOT** recommended unless ordered by a provider. There are two kinds of over-the-counter medications recommended for lowering fever in children - acetaminophen and ibuprofen. These medicines come in 3 forms: liquid, chewable tablets, and suppositories. Use the form that will work best for your child.

Acetaminophen (Children's Tylenol) can be used in almost all situations including:

- Everyday fevers
- Discomfort after immunizations

Ibuprofen (Children's Motrin, Advil) may provide better relief in the following situations:

- High fevers
- When up to 8 hours of relief from fever or discomfort is needed or wanted

Both medicines are good for lowering fever and work in about 30 - 60 minutes. (Ibuprofen should not be used in children younger than 6 months old). Use medications only as directed and follow the package instructions. If you have questions about which medication is best for your child, ask your provider. Medications must be stored out of the reach of children. Never give adult medicines to young children.

Monitor Your Child's Behavior and Temperature

You have helped manage your child's fever if:

- Your child's temperature has come down.
- Your child is acting less sick.
- Your child is sleeping comfortably.
- Your child is eating.
- Your child is able to play for a short time.

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