

# Your Child's Fever

Fever is a sign of illness, not a disease. Fever is the body's natural way of fighting infection. It stimulates the immune system and bacteria/viruses do not grow well in elevated temperatures. A true fever is a measured internal body temperature of **100.4°F or higher**.

In some children, fever can be associated with a seizure or dehydration, but fever will not lead to brain damage or death.

If fever causes discomfort to your child, you may give acetaminophen or ibuprofen (see dosage charts below), during waking hours; do not wake up your child to give medication.

## Acetaminophen (Tylenol) – All Ages

Weight	Age	New Dosage Infant's Suspension 160mg/5ml (1 tsp)	Children's Suspension 160mg/5ml (1 tsp)	Children's Chewable Tablets 80mg/tablet	Jr. Strength Chewable Tablets 160 mg/tablet
6-11 lbs	0-3 months	1.25 ml			
12-17 lbs	4-11 months	2.5 ml	½ tsp		
18-23 lbs	12-23 months	3.75 ml	¾ tsp		
24-35 lbs	2-3 years	5 ml	1 tsp	2 tabs	
36-47 lbs	4-5 years		1 ½ tsp	3 tabs	
48-59 lbs	6-8 years		2 tsp	4 tabs	2 tabs
60-71 lbs	9-10 years		2 ½ tsp	5 tabs	2 ½ tabs
72-95 lbs	11 years		3 tsp	6 tabs	3 tabs
96 lbs+	12 years+		4 tsp		4 tabs

## Ibuprofen (Motrin) – 6 Months and Older

Weight	Age	Infants' Concentrated Drops 50mg per 1.25ml (Age 6 mo-23mo)	Children's Suspension 100mg per 5 ml (1 tsp) (Age 2-11 yr)	Children's Chewable Tablets 50mg/tablet (Age 2-11yr)	Jr. Strength Chewable Tablets 100mg/tablet (Age 6-11yr)	Jr. Strength Coated Tablets 100mg/caplet (Age 6-11yr)
12-17 lbs	6-11 mo	1.25 ml				
18-23 lbs	12-23mo	1.875ml				
24-35 lbs	2-3 yrs		1 tsp	2 tabs		
36-47 lbs	4-5 yrs		1 ½ tsp	3 tabs		
48-59 lbs	6-8 yrs		2 tsp	4 tabs	2 tabs	2 caplets
60-71 lbs	9-10 yrs		2 ½ tsp	5 tabs	2 ½ tabs	2 caplets
72-95 lbs	11 yr+		3 tsp	6 tabs	3 tabs	3 caplets
<b>94 lbs+ Can have 400mg of Ibuprofen (2x 200mg adult tablets)</b>						

## WHEN TO CALL THE DOCTOR

Fever itself will not harm your child and does not necessarily require treatment. You should call the pediatrician if:

- Your child is **under 3 months** of age and has a rectal temperature of **100.4 F (38 C) or higher**.
- Your child is lethargic or irritable.
- Fever has been present for **longer than three days**.
- Your child has a fever accompanied by additional symptoms such as sore throat, ear pain, abdominal pain or pain when urinating.
- Your child is drinking less fluid than usual and has had fewer than four wet diapers in the past 24 hours or two urinations during waking hours.
- You are worried that your child is less active than normal or is having trouble breathing, whether or not he or she has a fever.

## CAREFUL ANTIBIOTIC USE

- The rate of drug resistant bacteria is dramatically increasing. Increasing antibiotic use is a likely cause.
- Antibiotics foster resistance in individual patients and in the population in general.
- The Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) have recommended careful antibiotic use only after examining the patient.
- Antibiotics may be indicated for treatment of an ear infection; however, diagnosis requires examining the patient.
- Antibiotics should not be given for runny noses and colds.
- Thick, opaque or discolored nasal discharge frequently accompany colds. It is not an indication for antibiotic treatment unless it persists without improvement for more than 10-14 days.
- Antibiotics should not be given to a child with Pharyngitis (sore throat) without a diagnosed group A Strep infection, i.e. positive strep test.
- Cough/illness/bronchitis in children rarely warrants antibiotic treatment.
- For all of the above reasons, it is our practice to prescribe antibiotics only after a patient has been examined. Please do not ask providers to call in antibiotics.