



Fever: What You Need to Know

Are fevers dangerous?

Not usually. A fever is the body's natural response to an infection caused by virus or bacteria. Fever occurs commonly with mild, viral illnesses and may come and go for a few days (even with the use of acetaminophen such as Tylenol). The child may feel worse when the fever is present and better when the fever is down. This is normal. Children with a fever may not have much of an appetite, but they tend to eat more when they are feeling better. Fluid intake is important as small children can become dehydrated with fever. Oral re-hydrating solutions are not recommended unless the child is vomiting or has diarrhea.

What about fever seizures?

About 4 percent of all children with fevers will have associated seizures. These are most common in children under the age of 5. A seizure with fever may happen suddenly and is quite frightening. The seizure generally does not last long (one to 10 minutes) and resolves without treatment. The child will feel sleepy afterwards and may not remember what happened. Some children will experience fever seizures more than once in early childhood. It is uncommon to have long-term problems with fever seizures. Do not attempt to put anything in the child's mouth while the child is experiencing a seizure of any kind and make sure the child is safe from falling or injury. Never leave a child unattended during a seizure.

What number on the thermometer indicates a real fever?

It is generally accepted that a temperature of 100.4° F (38°C) or more in a young infant or 101°F in older infants and children is a fever no matter what method you use to take it. Other factors including exercise, time of day (late afternoon), teething and

environmental temperature (caused by a hot room, hot day or a bundled up child) can cause mild elevations in body temperature which do not represent a true fever.

What other symptoms indicate fever?

A child may experience flushing, fatigue, irritability and a decreased appetite. You may be able to tell if a child has a fever by touching his or her forehead or abdomen, but taking the temperature is the only way to know for sure.

Should medication be given?

First, you need to have a clear medication administration policy in place. The administration of prescription and non-prescription medication or over-the-counter drugs (such as Tylenol or Motrin) in the child care setting is limited to those recommended by a health care provider for a specific child or for a specific circumstance for any child in the facility, with written permission of a parent or legal guardian.

However, a health care provider can write a standing order for a commonly used nonprescription medication (such as acetaminophen or sunscreen) that defines when the medication should be used for any child in the facility. For example, with parental consent, children who are older than 4 months of age may receive acetaminophen when their body temperature exceeds 101°F, according to the dose schedule and instructions provided by the manufacturer. Parents should be notified whenever medication is used. Whether notification occurs before the medicine is given or afterwards depends on the situation. Administration of medication to a child should always be documented in the child's file.

When should a child with a fever be excluded?

A fever all by itself is not a valid reason for exclusion if a child feels well enough to participate in the care setting and is taking fluids. In fact, a child with a fever may be less ill than a child without a fever who has other symptoms. For example, a playful, alert child with mild cold symptoms and a fever is perfectly fine to stay in your child care setting. On the other hand, a 3-month-old infant who is very fussy and refuses formula or breast milk for more than one feeding needs to be at home and be seen by a health care provider the same day, whether or not he or she has a fever.

Does every child with a fever need to see a health care provider?

No. The **age** and **appearance** of the child are the two most important factors in determining whether the fever may indicate a more serious health threat.

Medical help is needed if:

- The infant is 4 months of age or less and has a fever.
- An infant age 4 to 12 months has a fever lasting more than 24 hours.
- The fever is 104° F or above.
- The child looks sick, has a stiff neck and/or rash.
- The child is unable to participate, is having difficulty breathing, or is unresponsive.
- The fever remains above 103°F after an hour or two of treatment (Tylenol, lukewarm sponge bath).

What type of thermometer is best?

There are many kinds of thermometers available. Your choice will depend on the child's age, simplicity of use, risk of injury, cost and accuracy. Thermometers made of glass and mercury are no longer recommended by the American Academy of Pediatrics for use with children. Do not use forehead or pacifier thermometers either, as they are unreliable.

Ways to measure a fever include:

- **By mouth** (oral method) is recommended for children older than 4 years.
- **In the armpit** (axillary method) is recommended for infants and toddlers.

- **Rectally** is not recommended for safety reasons.
- **In the ear** (tympanic method) requires special thermometers and training.

The Do's and Don'ts for a child who has a fever:

DON'T use ice packs or alcohol rubs. These can bring the fever down too quickly and cause problems. These methods are also very uncomfortable for a child who has a fever and can add to his or her distress.

DO if the child is uncomfortable you may use luke-warm water to cool him or her down. Offer cool fluids, popsicles or slushies made with crushed ice and clear 100 percent juice.

DON'T give aspirin to children under the age of 12 years unless prescribed by a health care provider. Aspirin in children is associated with a sometimes deadly disease called *Reye's syndrome*.

DO give Tylenol or Motrin if you have a medication administration policy and written instructions from the health care provider. These medications generally help bring the fever down within 20 to 40 minutes.

DON'T bundle them up in blankets or heavy clothing.

DO allow the child to cool down more easily with light clothing and covers.

For more information, including sample medication administration forms, call the Healthline at (800) 333-3212 or visit our Web site.

References

Parents can beat their fear of fevers by understanding them, R. Zamani. Child Care Health Connections, May-June 2001.

Caring for Our Children. National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd Ed, 2002, pps 137-138. AAP, APHA, Nat'l Resource Center for Health and Safety in Child Care.

Fever, J. Tucker NP. CHILDHEALTH Parent Bulletin, 1/96.

2003