



## Fever in Pediatric Patients

Your child has a true fever if:

- Rectal, oral, ear, or forehead temperature is: **100.4°F (38.0°C) or higher**
- **CAUTION:** Ear temperatures are not accurate if your child is <6 months of age. Forehead temperatures must be digital. Forehead strips are not considered accurate.

**\*If your child is less than 12 weeks of age (or 3 months old) and has a true fever, please contact our office or emergency on-call provider immediately.** Fevers during the first 3 months of life can be serious and these children need to be evaluated as soon as possible.

### Causes of Fevers

There can be many causes for your child’s fever. Oftentimes, fevers can be treated and managed at home. Fevers are most commonly caused by viral illnesses, including colds, flu, and other viral infections. Fevers can also be caused by bacterial infections such as strep throat or ear infections, and can also occur post-vaccination. Rarely, fevers can be caused by serious conditions such as meningitis or sepsis. The cause of the fever may not be known until other symptoms develop, which can often take 24 hours.

### Fever Facts:

- Fever is the body’s way of ramping up the immune system to fight off infection and is not harmful to your child.
- There is no specific temperature at which fever-reducing medication (e.g., Tylenol or Motrin) needs to be given. However, if the fever appears to be making them uncomfortable (fussy, achy, nauseated), then medication may be given as needed to help alleviate their discomfort.
- Fever-reducing medication can be expected to lower body temperature by about 1 to 3 degrees (not necessarily back to normal), and fever may return as the medication wears off.
- Refer to the chart below for weight-specific dosing recommendations for administration of Tylenol or Motrin (please note that Motrin cannot be given until at least 6 months of age).
- Doses of Tylenol need to be separated by at least 4 hours; doses of Motrin need to be separated by at least 6 hours.

*\* Alternating between Tylenol and Motrin is usually not necessary. Be careful if you choose to alternate the two medications due to the increased risk for dosing errors.*

### Care & Treatment of Fever

#### Medications:

Acetaminophen (Tylenol): ALL AGES	Infant/Children’s Suspension Liquid 160mg/5mL	Junior Strength Chewable Tablet
Weight	Dose	Tablets
6 -11 lbs	¼ tsp or 1.25 mL	
12-17 lbs	½ tsp or 2.5 mL	
18-23 lbs	¾ tsp or 3.75 mL	
24-35 lbs	1 tsp or 5 mL	
36-47 lbs	1 ½ tsp or 7.5 mL	
48-59 lbs	2 tsp or 10 mL	2 tablets
60-71 lbs	2 ½ tsp or 12.5 mL	2 ½ tablets
72-95 lbs	3 tsp or 15 mL	3 tablets
>96 lbs		4 tablets

\*Use weight to dose. One dose lasts 4-6 hours.

Ibuprofen (Motrin): > 6 MONTHS OF AGE	Infant Drops 50mg/1.25 mL (Ages 6 - 23 months)	Children's Suspension 100mg/5 mL (Ages 2- 11)	Children's Chewable Tablets 50mg	Junior Strength Chewable Tablets or Capsules 100mg
Weight	Dropperful	Dose	Tablets	Tablet or Capsule
12-17 lbs	1 = 1.25 mL			
18-23 lbs	1 ½ = 1.875 mL			
24-35 lbs		1 tsp or 5 mL	2 tablets	
36-47 lbs		1 ½ tsp or 7.5 mL	3 tablets	
48-59 lbs		2 tsp or 10 mL	4 tablets	2 tablets
60-71 lbs		2 ½ tsp or 12.5 mL	5 tablets	2 ½ tablets
71-95 lbs		3 tsp or 15 mL	6 tablets	3 tablets

\*Use weight to dose. One dose lasts 6-8 hours.

### When to Call for Fevers

#### Continue Self-Care at Home

- Child has a fever and does not meet any of the criteria noted below; child may act mildly ill but fever improves with Tylenol or Motrin, symptoms are mild and there are no other concerns

#### Call Office to be Seen Within 24 Hours

- Child is 3-6 months of age with a fever
- Child is 6-12 months of age with fever that lasts more than 24 hours with no other symptoms
- Fever lasts more than 3 days
- Fever returns after being gone for more than 24 hours

#### Call Office to be Seen Urgently or Contact Emergency On-Call Provider

- **Child is less than 12 weeks old or 3 months old**
- Trouble breathing, but not severe
- Child is having difficulty swallowing fluids or saliva
- Temperature greater than 104F (40C)
- Shaking chills or shivering lasting more than 30 minutes
- Nonstop crying or cries when being touched or moved
- Child will not move arms or legs normally
- Dehydration suspected: no urine or wet diapers in >8 hours, dark urine, very dry mouth, no tears
- Child is immunocompromised
- Your child looks or acts very sick (crying inconsolably, confused, disoriented, difficult to arouse)

#### Call 911 Now

- Child is not moving or can't wake up
- Severe trouble breathing (struggling for breath and cannot speak or cry)
- Purple or blood-colored spots or dots on skin
- You think your child has a life threatening emergency