

# TAKING YOUR CHILD'S TEMPERATURE

Call during office hours if your child is 2 to 4 months old (unless fever is due to a diphtheria-pertussis-tetanus shot) or if the fever is between 104 and 105°F (especially if your child is under 2 years old). Also call if the fever has been present more than 72 hours without an obvious cause or has returned after going away for more than 24 hours. Call if burning or pain occurs with urination or if your child has a history of seizures with fever.

## Which medicines should I use?-----

Children older than 2 months of age can be given acetaminophen (Tylenols, Tempra, Liquiprin, Panadol) if the fever is over 102°F (39°C), but preferably only if there is also discomfort. Check with our office *before* using medication for children under 4 months of age.

Give the correct dosage for your child's weight or age every four to six hours. Acetaminophen will reduce the fever but usually not bring it down to normal. If your child is sleeping, don't awaken him for medicines, and do not use them for more than three days without consulting your pediatrician. Since overdoses are poisonous, keep these drugs out of the sight and reach of children.

A word of caution about aspirin: The American Academy of Pediatrics and other health organizations have recommended that patients through 21 years of age not receive aspirin if they have chickenpox or influenza (any cold, cough, or sore throat symptoms). Several studies have linked aspirin to Reye's syndrome, a severe illness that resembles encephalitis. Many pediatricians have stopped using aspirin for fevers associated with *any* illness. On the other hand, aspirin is a better drug than acetaminophen for relief from muscle and bone pains, menstrual cramps, and sunburn.

## Recommended dosages of acetaminophen

Type of Acetaminophen	Concentration	Weight (lb)				Age (years)			
		6-11	12-17	18-23 *	2-3	4-5	6-8	9-11	12+
Drops (Liquiprin, Panadol, Tempra, Tylenol)	80 mg/dropper	½ dropper	1	1 ½	2	3	--	--	--
Syrup or elixir (Panadol, Tempra, Tylenol)	160/5 ml (1 tsp)	--	½ tsp	¾	1	1 ½	2	2 ½	4
Chewable	80 mg tab	--	--	1 ½	2	3	4	5-6	8
Adult	325 mg tab	--	--	--	--	--	1	1-1 ½	2
Total Amount (mg)		40 mg	80	120	160	240	325	485	650

\*If your child weighs more than 23 pounds, but is less than 2 years old, use the 2-3 year old dose.

## Other measures to take-----

- Encourage, but don't force, extra fluids. Popsicles and iced drinks may help replace body fluids lost because of sweating.
- Keep clothing to a minimum; most heat is lost through the skin. Bundling up your child will cause a higher fever. Be especially careful of infants, who cannot undress themselves if they become overheated. If your child feels cold or is shivering, use a light blanket.
- Discourage vigorous activities because they produce additional heat. Normal play, however, is perfectly fine.

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## **What is fever?**-----

Fever is the body's normal response to infections and may be helpful in fighting them. The usual fevers (100 to 104°F) that all children get are not harmful in themselves. Most are due to viral illnesses; some are due to bacterial ones. Teething does not cause fever.

The symptoms and characteristics of fever include a rectal temperature over 100.4°F (38.0°C), oral temperature over 100°F (37.8°C), and axillary (armpit) temperature over 99°F (37.2°C). While the body's average temperature is 98.6°F (37°C), it fluctuates from a low of 97.6°F in the morning to a high of 100°F in the late afternoon. Mild elevations of 100.4 to 101.2°F (38 to 38.5°C) can be caused by exercise, excessive clothing, hot weather, or warm food or drink. If you suspect one of these causes, retake the temperature 30 minutes later.

## **How do you take temperatures?**-----

Shake the thermometer until the mercury line is below 98.6°F (37°C). For children under 5 years of age, use axillary or rectal measurements. Most children 4 or 5 and older are ready for oral readings.

*Axillary.* Place the tip of the thermometer in a dry armpit, and close the armpit by holding the elbow against the chest for at least four minutes (five or six minutes if your child is over 2 years of age). If you're uncertain about the result, check it with a rectal temperature.

*Rectal.* Place your child stomach-down on your lap. Lubricate the end of the thermometer and the opening of the anus with petroleum jelly. Carefully insert it about 2 inches, but never force it. Hold the child still and press the buttocks together to stabilize the thermometer. Remove it after two minutes have passed.

*Oral.* Be sure your child has not recently taken a cold or hot drink. Place the tip of the thermometer underneath the tongue on either side, rather than at the front of the mouth. The child should hold it in place for three minutes with the lips and fingers (not the teeth), keeping the mouth closed and breathing through the nose. If the nose is stopped up, take an axillary temperature.

If a thermometer breaks in the rectum or mouth, call your pediatrician if you can't find all the pieces of glass. Usually the only harm caused is a superficial scratch of the lining of the mouth or rectum. Contrary to popular belief, the mercury in thermometers is not poisonous.

To read the temperature, find where the mercury line ends by rotating the thermometer slightly until the line appears. Take the temperature once a day in the morning until the fever is gone, more often if your child feels very hot or is miserable. Remember that the main purpose of temperature-taking is to determine if a fever is present, not to chart its every move.

## **How long does fever last?**-----

Most fevers associated with viral illnesses range between 101 and 104°F and last for one to three days. In general, the height of the fever isn't related to the seriousness of the illness. What counts is how sick your child acts. With most infections, the level of fever bounces around for two or three days. Shivering or feeling cold indicates that the fever has peaked; sweating means it is coming down.

Fever causes no apparent harm until at least 107° is reached. Fortunately, the brain's thermostat keeps nearly all untreated fevers below this level. While all children develop fevers, only 4% have convulsions. Convulsions are not worth worrying about, especially if your child has experienced high fevers without one.

## **When should I call?**-----

Call us immediately at any time of day if your child is under 2 months old, the fever is over 105°F, your child is crying inconsolably or whimpering, or cries if you touch or move him. Also call immediately if the child's neck is stiff, any purple spots are present on the skin, breathing is difficult and no better after you clear the nose, or a convulsion has occurred.