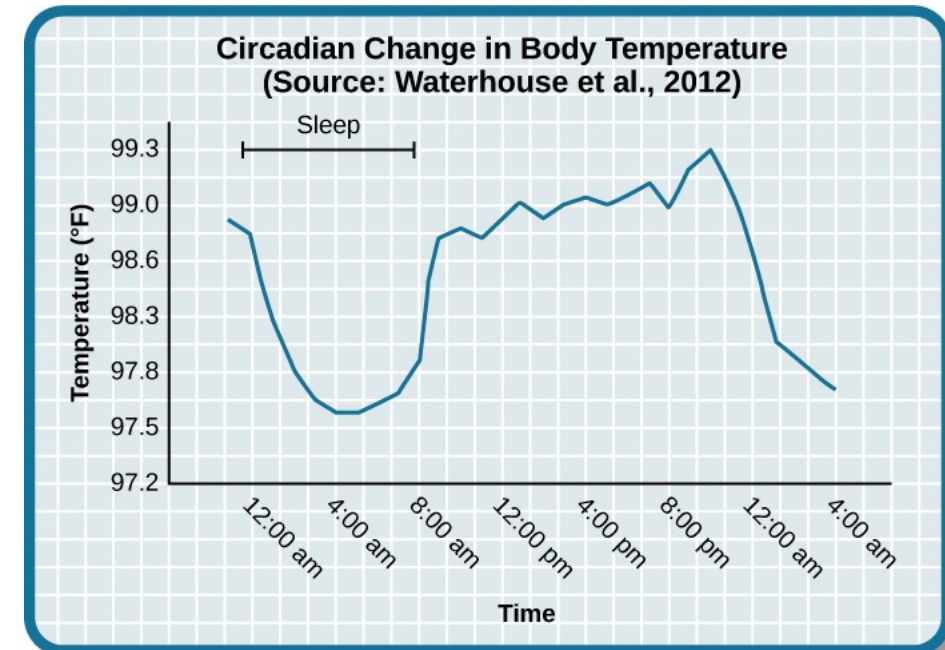


Fever History

- Measured temperature and method of measurement
 - Tactile temperature does not correlate accurately with true fever
 - Fever definition: 38.0 C (100.4 F)
 - Many parents call 99-100 F a fever
- Duration
 - If many days, did the child have a temp \geq 100.4 *every single day*
- Hx/FH of febrile seizures
- Management used at home
 - If antipyretics given at home, what med and what dose? What time last given? (helps interpret temperature seen in clinic now)
 - Parents are often underdosing because they are using an old weight from a prior visit
- Ill contacts: siblings, daycare / preschool

Fever Management

- Antipyretics
 - Acetaminophen / Paracetamol (Tylenol, Genexa) 160mg/5mL (infant & child) in USA, 12-15 mg/kg PO/PR q4-6 hours
 - Ibuprofen (Advil, Motrin) child 100mg/5mL, infant 100mg/2.5mL, 10 mg/kg PO q6 hours
 - **Tip:** weight of child in kg / 2 = dose in mL of *children's* acetaminophen (round down, for q6 hr dosing) or ibuprofen, [Exact Dosing Calculator](#)
 - Aspirin not recommended for children
 - Risk of Reye's syndrome
- Cooling measures
 - Not necessary unless child uncomfortable
 - Tepid wet cloths to forehead, armpits better than placing in bath
 - Drowning risk if not closely observed, febrile seizure



Helpful to explain to parents

- Circadian variation in temperature – body temp is always higher evening / early nighttime
- Chills precede (help the body make) fever, and when fever breaks children will sweat – these findings are normal

Fever Myths to Dispel

- Fever is dangerous
 - Fever will not cause brain damage until it reaches 107-108 F (and not always then)
 - Fevers from infections do not cause brain damage generally
 - Fevers are part of the body's way of fighting infections, and are beneficial
- If fever goes down (+/- antipyretics) but returns, or if it doesn't go all the way to normal with antipyretics, this signifies serious disease
- Fever means antibiotics are needed (use influenza, COVID as examples of viral disease when a febrile illness doesn't benefit from antibiotics)
- Parents should bring their child back for a certain cutoff height of fever
 - How the child appears (be careful because some parents' definition of "lethargic" is slightly less active than usual) is much more important than the fever height
 - That said, a repeat exam may be warranted for fever > 104-106 depending on age of patient and temperature at time of first examination

Types of Thermometers

- Digital or mercury thermometer for rectal, oral, axillary
 - Mercury thermometers difficult to read, must be in place 3 minutes
 - Digital thermometers require fresh batteries
- Rectal temperature is the gold standard, fever = 38 C (100.4 F) or higher
- Oral more accurate in ≥ 3 yo, must wait 15 minutes after eat or drink
 - Typically 0.3-0.6 C (0.5-1.0 F) lower than rectal temperature
- Axillary temperature typically 0.3-0.6 C (0.5-1.0 F) lower than oral [so 0.6-1.2 C (1.0-2.0 F) lower than rectal]
 - Wider variability than rectal or oral
- Tympanic thermometers, if accurate, match rectal temperatures
 - Not recommended for < 6 months old due to small ear canals
 - Cerumen may make the measurement inaccurate (and parent won't know cerumen is present)
- Non-contact forehead or temporal thermometers 0.3-0.6 C (0.5-1.0 F) lower than oral
 - Good for screening, but not for accurate measure of fever to guide work-up and management
- Forehead plastic strips are not accurate and should not be recommended

Prolonged Fever

- Discharge instructions should include: return if fever 100.4 F (38 C) or higher every single day for 5 days in a row
- On return, evaluate for:
 - Complication of prior diagnosed viral URI: otitis media, sinusitis, pneumonia
 - Strep pharyngitis (in appropriate age group) that didn't manifest on first visit
 - Consider urinalysis (r/o UTI) and CXR (occult pneumonia)
 - Consider comprehensive respiratory viral panel if available
 - Signs of [Kawasaki disease](#) (including Atypical Kawasaki) or [MIS-C](#)
 - Signs of lymphadenitis, abscess, meningitis, septic arthritis, osteomyelitis, acute abdomen, malignancy, infectious mononucleosis, cat scratch disease
 - If no new source identified and patient well-appearing, particularly if fever < 102 and child > 3-6 months old, observe for 3 more days for fever resolution
- [Fever of unknown origin](#) = fever for 8 days or longer