MANAGING YOUR CHILD'S FEVER AT HOME

If your baby is **less than two (2) months** old a **fever begins at 38.0°C NEVER** give Tylenol – always bring to the Clinic if there is a fever

If your child is over two (2) months and their temperature is 38.5°C or higher, he or she has a fever.

A child's temperature can be taken many different ways:

- 1. In the rectum (bottom) children under two (2) years old
- 2. Under the armpit children between two (2) and five (5) years old
- 3. By mouth children older than five (5) years old

You should always keep a thermometer in a safe place so you can check the temperature.

There are many things that you can do at home to try and reduce your child's fever:

- 1. Dress them lightly (remove extra clothing)
- 2. Sponge them down with luke warm (not hot and cold) water or put the child in a luke warm bath.
- 3. Push fluids (get them to drink more)
- 4. Give them Tylenol or Tempra according to their age or the nurse's instructions.

0-2 months $2-4$ months	Bring to clinic (no Tylenol) 0.5 CC (one half dropper)
4 – 12 months	1.0 CC (one full dropper)
12 - 24 months	1.5 CC (one and one half dropper)
2-4 years	5 CC (1 teaspoon of Elixir)
4 – 6 years	7.5 CC (one and one half teaspoons of Elixir)
6-9 years	4 chewable Tylenols or 1 plain adult Tylenol
9 – 11 years	1 to 1-1/2 plain adult Tylenol
12 years +	Usual adult dose or plain Tylenol; 1 or 2 tablets

**NOTE: If you are unsure about the dosage for your child you can always call the nursing station to help you figure it out.

Tylenol usually takes one hour start working; therefore you wait at least one hour before rechecking the child's temperature. If it hasn't come down after one hour you should contact the nursing station or if you are concerned about the child.

Tylenol should be given every 4-6 hours regularly when your child has a fever.

If in the morning, the child continues to have a fever, you should call the nursing station and make an appointment to have your child seen.

Always keep some Tylenol stocked in your home, you never know ahead of time when you are going to need it.

If you cannot bring the fever down by trying these suggestions, contact the nursing station for further instructions.

FEVER (Unknown Origin) IN CHILDREN

Clinical judgment is very important...

How does the child look? Well? Lethargic? Toxic?

< 1month old - Temp > 38° rectal (even if looking well!)

- Full septic work up: CBC, WBC, blood culture, catheter urine for C&S (3.5 feeding tube), LP if MD in town
- Consult MD, IV/IM antibiotic, Medevac.

1-3 months old - Temp > 38.5° rectal

• Full septic work up: CBC, WBC, blood culture, catheter urine for C&S (3.5 feeding tube), CXR (only if resp. symptoms).

If looks unwell:

Consult MD, consider LP if MD in town, IV/IM antibiotics, Medevac.

If looks well: May be managed at health center (discuss with MD):

Send blood and urine cultures to SRH

• WBC < 15,000: Observe and review in 12-18 hrs
> 15,000: Ceftriaxone 50mg/kg IM daily (mixed with lidocaine without
epinephrine) or high dose Amoxil 90mg/kg/day po divided tid. Reassess in
12-18 hrs. Continue to reassess and repeat medication daily until you

12-18 hrs. Continue to reassess and repeat medication daily difficultive receive confirmation that blood and urine cultures are negative (2-3 days).

3-36 months old - Temp > 39°

If looks unwell:

- Full septic work up: CBC, WBC, blood culture, catheter urine for C&S (3.5 Feeding tube), CXR (only if resp symptoms),
- Consult MD, consider LP if MD in town, IV/IM antibiotics, Medevac.

If looks well: May be managed at health center (discuss with MD):

WBC < 15,000: Observe and review in 12 hrs
 > 15,000: Send blood and urine cultures to SRH
 Ceftriaxone 50mg/kg IM daily (mixed with lidocaine without epinephrine) or high dose Amoxil 90mg/kg/day po divided tid. Reassess in 12-18 hrs. Continue to reassess and repeat medication daily until you receive confirmation that blood and urine cultures are negative (2-3 days).

During Medevac:

O2 by mask or nasal prongs

IV access and antibiotics (MD ordered) after specimens

have been collected.

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Based on BC Children Hospital – Pediatric Emergency Therapeutics Course