

You Give Me Fever

Pediatric Fever: Myths and Management



“Fever Phobia”

Parental fear of fever is the most common reason parents bring children to the emergency room or pediatric provider.

There is no question that fever remains a source of great concern to parents. The simple fact is, many parents act too quickly and immediately worry when it comes to their child having a fever. Parental fear of fever is the most

Myth: All fevers need to be treated with fever medicine.

Fact: Fevers only need to be treated if they cause discomfort.

Myth: Once the fever comes down with fever medicine, it should stay down.

Fever will persist until the underlying disease process resolves. Therefore, when the fever medicine wears off, the fever will return.

Myth: Fevers above 104°F are dangerous and can cause brain damage.

Fact: The brain has an internal mechanism that will not allow body temperature to exceed 106 degrees, except in rare situations such as heat stroke.

1

A FEVER IS ANY TEMPERATURE OF 100.4F OR HIGHER

2

Fever is the body’s normal response to a disease process.

3

Rectal temperature is the most accurate measurement of core temperature

common reason parents bring children to the emergency room, or pediatric provider. It's responsible for 1.6 million pediatric ER visits and nearly one-third of pediatrician office visits each year. As providers we are swarmed with visits and phone calls requesting advice and diagnosis. These concerns focus the parents on fever control and away from the more important issue— fever is a good sign that your child's immune system is working and the body is trying to heal itself. It is my life's great work to eradicate "fever phobia" and separate the facts from the myths so that every parent can keep a cool head when fever strikes!

FEVER FACTS

FEVER IS A GOOD THING

1. A fever is any temperature 100.4F or higher
2. The digital rectal thermometer is the gold standard for measurement of a temperature in children, especially if your child is 12 months or younger. Taking temperatures orally can be accurate, but only in older children. Typically, oral thermometers can be used for child 4 or 5 years and older.
3. Fever is the body's normal response to a disease process.
4. A fever is actually good news! It means your body is WORKING! Fevers turn on the body's immune system and helps the body fight infection. Fevers are one of the body's best protective mechanisms.
5. Fever is not a disease. Fever is a SYMPTOM, or a sign that something else is going on in the body.
6. The number itself does not matter! How high a fever is does not indicate the severity. Garden-variety viruses (for which there is no treatment) can cause high temperatures, while bad ear infections requiring antibiotics can cause no fever at all. Obsession with a



- number can detract from the overall care of the child. One child can look great at 104F degrees, eating well and playing, while another looks crummy at 100.4F. Consider instead, how does your child look? Clinical appearance (how your child looks) is more important than the height of the fever really sick looking kid is really sick, no matter what the temperature is (high or low)!.
 7. Fever reducers are only a bandaid! Remember that treating the fever doesn't take away the illness, so when the fever reducing medication wears off, the fever will come back. Fever will persist until the underlying disease process resolves. This can take many days!
 8. There is no magic number. I hate to break it to you, but unless your child:
 - is under 3 months old
 - doesn't have a spleen
 - has an underlying immunodeficiency
 - or sickle cell disease
 there is no magic number. If one of the *above* children develops fever (rectal or oral temperature of 100.4°F/ 38°C or higher), take them to their pediatric health provider immediately. For this particular group, that's the magic number, as these children have delicate immune systems, and it is very important to have them evaluated should

WHEN TO WORRY

I encourage you to monitor your child or infant's activity level, watch for other signs of serious infection, and to try to keep your child as well hydrated as possible.

Call your pediatric provider immediately for fever if:

Your baby is under 8 weeks of age and temperature above 100.4F rectally

Has fever ≥ 106 F

Your baby/child looks very ill or not responding to you

Has signs of difficulty breathing

Has signs and symptoms of stiff neck with severe headache

Has immune system problem such as cancer or sickle cell disease

Has had a seizure

You observe signs of dehydration such as dry mouth, no tears when crying, or no wet diapers for more than 8-12 hours.

See your Pediatric Provider (or ER if off-hours) if:

Your child is "acting sick" when the fever is normalized (excessive fatigue, inconsolable crying)

Fever persists for more than 4 days

Child has complaints of ear pain, sore throat, pain with urination, abdominal pain, or other complaints of pain.

any fever occur.

9. Let the fever do its job and naturally fight infection! Fever reducing medications should only be used if the child is very uncomfortable. If the child is comfortable, you don't need to control the fever-the body will do that just fine!

10. To date, febrile seizures have not caused long-term brain damage.

COMFORT CARE

Fevers should be treated to make your child feel more comfortable, not to rapidly normalize body temperature. Let the fever do its job and naturally fight infection.

I hesitate to even use the word "treatment" when talking about fevers because both of those words insinuate that we are going to make it go away. Remember, a temperature will only

resolve when the underlying condition resolves. We need to shift our mindset and remember that a fever means your body is NORMAL and WORKING! Fevers should be treated to make your child feel more comfortable, not to rapidly normalize body temperature. Let the fever do its job and naturally fight infection.

Less is more: Perhaps the most physiologic treatment for fever is to simply undress the child. With the increased surface area to mass ratio of the child, radiation loss of heat will rapidly lower a temperature with few side effects or complications. A common myth is that the patient should be carefully covered with blankets if chills are present. Unfortunately covering up only keeps the heat in.

Increase fluids: It is common for children to have a decreased appetite when feverish, and while it is not important to force food, children must keep consistently drinking fluid. Water helps rid the body of toxins while also preventing dehydration. Or choose a natural electrolyte replacer like coconut water. We like

to blend ours with some frozen pineapple to make a delicious and re-hydrating treat!

Increase rest: Aside from hydration, there is nothing more important than sleep. And sick children need extra rest and sleep. Sleep is necessary when it comes to your overall health and immune system function. So get cozy on that couch with a good book and a lot of cuddles!

Homeopathic selections: Several homeopathic remedies can be quite effective for fever. Consider Belladonna or Aconitum, as directed by a licensed practitioner, if your child has a sudden high fever with bright red face and agitation.

Essential oils: Mix 1 drop of Lavender with 1 tablespoon of carrier oil. Apply a small amount to the bottom of the feet, the back of the neck, and behind the ears. Cover the feet with socks.

Conventional fever reducers: Sweating that follows fever reduction means that the tissues at the site of infection are healing. That is, if the fever is infectious in origin, the causative organisms are decreasing in number or function, (they are dying off!). If you take a fever-reducing agent, this will artificially lower your body's temperature. There is good evidence to suggest that you shouldn't take one of these agents except for comfort, since higher temperatures are thought to be an unfavorable living environment to disease-causing organisms. If a fever reducer is warranted, it is important to know the effective dose of each medication for your growing child. It should be *dosed by weight, not age*, with the help of a pediatric provider. Ask your provider at each well child visit what the proper dose is for your child's current weight; keep that information readily available for when your child needs treatment!

It's time to change our mindset and start thinking of fever as the good guy, not your worst enemy. All of this being said, parents and caregivers should always call their pediatric health care provider or visit the emergency room for an examination if there are concerns about a fever. Follow your gut! Just try to avoid panicking or giving the child fever reducers that he or she may not need. Treat your kid, not the number.

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Megan provides evidenced-based, family centered care in:

- prenatal health and wellness
- lactation counseling
- newborn care
- infant feeding
- infant massage
- vaccine consultation
- nutritional analysis and counseling
- toxin free home environment
- self care for parents and children
- integrative approach to common childhood illnesses

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