

- **INSTRUCT PARENT/CARETAKER TO CALL BACK FOR EVALUATION IF:**
 - Fever without a cause persists: Your child becomes worse

- **Causes of Fever**
 - Fever is a symptom of the presence of infection and/or inflammation. In children the most common cause of fever is a viral illness. However, fever must be carefully assessed as this symptom may also be associated with serious bacterial infections such as urinary tract infection, pneumonia, meningitis, and/or serious viral illnesses.
 - Careful attention must be given to evaluating the presence or absence of other signs and symptoms that may suggest serious illness.
 - A fever with no other signs or symptoms can usually be treated at home with careful follow-up.
 - Fever may be the only symptom for the first 24 hours (i.e., fevers associated with viral illness). The onset of other symptoms (runny nose, cough, diarrhea, etc.) can be delayed. For example, in the case of Roseola, fever may be the only symptom for the first 3 or 4 days of the illness. The rash follows.
 - Parents often call at the start of a fever and want to know the cause of the fever. Explain that the cause usually can't be determined until other symptoms develop; that may take 24 hours. (EXCEPTIONS: Fever in an infant age under 90 days must be evaluated urgently as sepsis may be the cause. High fever may indicate serious illness and require evaluation)
 - Bacterial infections (e.g., Strep throat or urinary tract infections) also cause fever. In such children, an evaluation is needed.
 - Teething should not cause a true fever (>100.4°F or 38°C).

- **Treatment for all fevers: Give extra fluids and cool child down**
 - Undress the child to one layer of light weight clothing and/or sleep with one light blanket or sheet (avoid bundling/swaddling). This allows evaporative cooling. Do not over bundle the child as this may actually drive the fever higher. May need to redress if chills develop.
 - Give cold fluids orally in unlimited amounts because good hydration replaces sweat, and sweating promotes heat loss via evaporative cooling from perspiration.
 - The parent can sponge the child's forehead or chest with lukewarm water. Placing the child in a cool bath is not advised as it will tend to cause chills and make the child feel worse. Never sponge a child with alcohol.

- **Fever Medicine**
 - Fevers may be treated with anti-pyretic medicines if they cause discomfort.
 - Fevers are not themselves harmful, in fact they are helpful at fighting infection. If a child is with a fever and uncomfortable, however, this is when to treat.
 - Anti-pyretics include acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil or Motrin).

- See **Guidelines for Dosing**. Ibuprofen should not be given to infants less < 6 months of age. If unsure of dose or what you're giving does not seem to bring fever down, please call to get proper dosing for weight.
- EXCEPTION:
 - For infants < 2 months, avoid giving acetaminophen before being seen. (Reason: an accurate documentation of fever is needed as this may lead to initiating a septic work-up).
- The goal of fever therapy is to bring the temperature down to a comfortable level.
- **DO NOT GIVE ASPIRIN** (it's associated with severe complications from a condition called Reye's syndrome)
- Avoid Alternating Acetaminophen and Ibuprofen, it tends to confuse. Encourage the family to stick with one medicine and use it within the routine intervals. Remind them the fever won't hurt the child and the medicine is only just making the child feel a bit better. If caller brings up this topic, state: "We do not routinely recommend this practice over the phone." Reason: unnecessary and risk of over-dosage.
- If acetaminophen is not working, switch entirely to ibuprofen.
- A refractory fever should be evaluated.

- **Contagiousness**
 - The child may return to day care or school once the fever is gone for >24 hours and the child feels well enough to participate in normal activities.

- **Expected course of fever**
 - Most fevers associated with viral illnesses fluctuate between 101° and 104° F (38.4° and 40° C) and last for 2 or 3 days, then gradually decline. Fevers tend to go up at night.

- **Article that can be shared with parents:** <https://kidshealth.org/en/parents/fever.html>

Initial approval:

Division of Family Medicine, Adam Balin, M.D., 6-17-2012

Primary Care Leadership, 6-24-2012

Subsequent Review and Approval: FM / IM / PEDS Division Chief Approval: 10-31-19

Reviewed annually by FM/IM/PEDS providers through the Learning Management System

