FEVER

FEVER FALLACIES

Parents have several time-honored but incorrect conceptions of how to care for the febrile child:

- Bed Rest? Not always! Bed rest neither reduces height nor duration of fever and is useful only when it makes the child more comfortable.
- "Sweat the fever out." Please do not! Bundling the child prevents heat loss and usually drives the temperature up even higher.
- "Starve a fever and feed a cold"? Wrong! Since the body's energy and fluid requirements increase with fever, the child needs more fluid, not less. Although a child may feel too ill for a full meal, encourage fluid intake.
- "Ice water enemas and alcohol sponging?" Never! These are dangerous as well as uncomfortable treatments. Besides, a lukewarm bath reduces fever more effectively.
- "Stay indoors?" Not necessarily! If the outdoor temperature is mild, if he/she refrains from vigorous physical activities, and if he/she stays away from other children, the febrile child will be just as comfortable sitting on the porch or in the backyard,
- "Brain fever?" Some parents believe that high fevers "bake the brain" and cause brain damage. Untrue! However, a child may contract encephalitis or meningitis, infections of the brain. In these uncommon diseases the special nature of the infection and not the fever that accompanies it sometimes results in brain damage. These uncommon causes of fever are readily diagnosed y way of accompanying symptoms.

FEVER AND THE BODY'S THERMOSTAT

The body both produces and loses heat. A "thermostat" deep within the hypothalamus of the brain continues to keep the temperature steady with a narrow range (97 – 99.8 F) However , in the presence of infection, this "thermostat" is reset to a higher temperature up to 106o F and causes the body to retain more heat than it normally would. We call this upward resetting of the body's thermostat – fever.

HOW DOES INFECTION CAUSE FEVER?

The answer lies within our white blood cells, an important defense against infection. While fighting germs which have entered the body, white blood cells release chemicals call pyrogens. The pyrogens, carried by the blood stream to the hypothalamus reset the thermostat. This fever response, it appears, helps to combat the infection.

WHEN TO TREAT A FEVER

Treat the child, not the fever, unlike adults, many toddlers feel well with a temperature as high as 106 F Also the sleepy febrile child feels no discomfort, none of these children require fever medicines. Treat only those children who act ill. Fever itself causes no harm.

HOW AND WHEN TO TREAT THE FEVER

- Keep room temperature below 70 F. A cool air humidifier or air conditioner helps.
- Dress the child lightly. Blanket sleepers are a "no – no".
- Cover with sheet or light summer blanket
- "Force fluid." More precisely, offer small frequent feedings of cool clear fluids (e.g. soda pop, juices and popsicles)
- If the child feels unwell, begin acetaminophen (Tylenol, Tempra, Liquiprin). Fever over 102 F often causes listlessness, tiredness, muscle pains, headaches, irritability and refusal to eat or drink.
- If the child does not feel better within one hour after taking fever medicine and the temperature had not dropped, bathe him for twenty minutes in tepid tub of water.
- When she/he feels well enough to sleep, let the child sleep.

FEBRILE CONVULSIONS

A seizure, or convulsion, is uncontrollable jerky body movements with loss of consciousness. Of the thousands of patients we see each year for fever, only a few are prone to seizures with fever. These children almost always have a family history of febrile convulsions and usually have their first seizure before age 3 years. The convulsion usually happens on the first day of illness. Since it correlates with a rapidly rising temperature in a susceptible child, the seizure almost always occurs before the child is suspected of having an elevated temperature. Therefore, if you find your baby has a high fever (104 F), you may be fairly certain that she/he will not develop a seizure with that illness. Also children older than 6 years do not have febrile seizures.

What about those few children who are prone to seizures with fever? A febrile seizure is scary but not harmful. It rarely lasts more than a few minutes. If the child seizes, lay him on a flat surface, sponge with tepid water, then have someone call the doctor. The seizure is usually over before the number can be dialed. We sometimes suggest that this small group of children be treated with fever medicines at the first sign of a febrile illness.

HOW TO TAKE A TEMPERATURE

Take rectal temperature in children 5 years of age or younger. Normal rectal temperature is about 99.8 F. A rectal thermometer usually has a smaller, stubbier bulb than does an oral thermometer. Shake the mercury down below 97 F while holding the thermometer between them and forefinger. Place petroleum jelly on the end of the thermometer and gently insert it about ¾ of an inch into the child's rectum. Hold the thermometer in place for 3 minutes, then remove it, and wipe off the petroleum jelly. Roll the thermometer between them and forefinger until the column of mercury becomes visible. Read the temperature, rinse the thermometer with water, and cleanse with alcohol. Consider any temperature over 100 F a fever whether taken rectally or orally.

WHEN TO CALL OR VISIT THE DOCTOR

- Temperature over 100.5 F in a baby younger than 2month of age.
- Temperature over 104 F at any age.
- Temperature over 101 F for more than 24 hours
- Temperature over 100.5 F for 3 or more days

Fever with rash, constant crying, unusual listlessness, cough, persistent vomiting, rubbing and/or pulling at ears, convulsions.

IN SUMMARY

- Do not be alarmed by fever
- Abnormal behavior is a better indication of serious illness than is high fever, and a thermometer will never replace a watchful parent
- Treat fever only to make the child more comfortable
- Children with fever need fluids, light pajamas, sometime a tepid bath and fever medications, and always lots of T.L.C.