

Fever and Your Child

While it is important to look for the cause of a fever, the main purpose of treating it is to help your child feel better if she is uncomfortable or has pain.

A fever is usually a sign that the body is fighting an illness or infection. Fevers are generally harmless. In fact, they can be a good sign that your child's immune system is working and the body is trying to heal itself.

Read on to find out more from the American Academy of Pediatrics (AAP) about how to tell if your child has a fever and how to manage a fever.

About Fevers

Normal body temperature varies with age, general health, activity level, and time of day. Infants tend to have higher temperatures than older children. Everyone's temperature is highest between late afternoon and early evening and lowest between midnight and early morning. Even how much clothing a person wears can affect body temperature.

A fever is a body temperature that is higher than normal. While the average normal body temperature is 98.6°F (37.0°C), a normal temperature range is between 97.5°F (36.4°C) and 99.5°F (37.5°C). Most pediatricians consider a temperature 100.4°F (38.0°C) or higher a sign of a fever (see the Taking Your Child's Temperature section).

Signs and Symptoms of a Fever

If your child has a fever, she may feel warm, appear flushed, or sweat more than usual. She may also be thirstier than usual.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache, sore throat, rash, or stomachache. These signs can provide important clues as to the cause of the fever.

When to Call the Doctor

The most important things you can do when your child has a fever are to improve your child's comfort by making sure she drinks enough fluids to stay hydrated and to monitor for signs and symptoms of a serious illness. It is a good sign if your child plays and interacts with you after receiving medicine for discomfort.

Call your child's doctor right away if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms, such as a stiff neck, severe headache, severe sore throat, severe ear pain, breathing difficulty, an unexplained rash, or repeated vomiting or diarrhea
- Has immune system problems, such as sickle cell disease or cancer, or is taking steroids or other medicines that could affect her immune system.
- Has heart problems that may affect how she tolerates a fever and increased heart rate as a result of the fever
- Has had a seizure
- Is younger than 3 months (12 weeks) and has a temperature of 100.4°F (38.0°C) or higher
- Temperature rises above 104.0°F (40.0°C) repeatedly for a child of any age

Also call your child's doctor if

- Your child still "acts sick" once her fever is brought down.
- Your child seems to be getting worse.
- The fever persists for more than 24 hours in a child younger than 2 years.
- The fever persists for more than 3 days (72 hours) in a child 2 years or older.

Taking Your Child's Temperature

While you often can tell if your child is warmer than usual by feeling her forehead, only a thermometer can tell if the temperature is high. Even if your child feels warmer than usual, you do not necessarily need to check her temperature unless she has the other signs of illness described earlier.

Always use a digital thermometer to check your child's temperature. Mercury thermometers should not be used. The AAP encourages parents to remove mercury thermometers from their homes to prevent accidental exposure and poisoning. While other methods for taking your child's temperature are available, such as pacifier thermometers or fever strips, they are not recommended at this time. Ask your child's doctor for advice.

Here is information about 3 types of digital thermometers.

- **Digital multiuse thermometers** read body temperature when the sensor located at the tip of the thermometer is inserted
 - Into a baby's bottom (rectal) (for babies birth to 1 year of age).
 - Into the mouth (oral) (for children 4 to 5 years and older).
 - Under the arm by the armpit (axillary) (for all children). However, taking an axillary temperature is less reliable. This method may be used in schools and child care centers to check (screen) a child's temperature when a child has other signs of illness. The temperature is used as a general guide.
- **Temporal artery thermometers** read the infrared heat waves released by the temporal artery, which runs across the forehead just below the skin. They are used in babies and children 3 months and older. However, they may be reliable in newborns and infants younger than 3 months, according to new research.
- **Tympanic thermometers** read the infrared heat waves released by the eardrum. They are used in babies and children 6 months and older. They are not reliable for babies younger than 6 months. When used in older children they need to be placed correctly in the child's ear canal to be accurate. Too much earwax can cause the reading to be incorrect.

NOTE: Style and instructions may vary depending on the product. Read the instructions before using the product.

Treating Your Child's Discomfort From Fever

If your infant or child is older than 6 months and has a fever, she probably does not need to be treated for the fever unless she is uncomfortable. Watch her behavior. If she is drinking, eating, and sleeping normally and is able to play, you do not need to treat the fever. Instead, you should wait to see if the fever improves by itself.

What you can do

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water or a store-bought electrolyte solution.
- Be sure that she does not overexert herself.
- See the Fever and Pain Medicine section.

What not to do

- Do not use aspirin to treat your child's fever or discomfort. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding, and Reye syndrome. Reye syndrome is a serious illness that affects the liver and brain.
- Do not use sponging to reduce your child's fever. Cool or cold water can cause shivering and increase your child's temperature.
- Never apply rubbing alcohol on your child to treat fever. Rubbing alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Fever and Pain Medicine

Acetaminophen and ibuprofen can help your child feel better if your child has a headache or body aches or a fever.

- **Acetaminophen** for children comes in liquid as well as pills that can be chewed. It also comes as a pill that is put in the rectum (suppository) if your child is vomiting and can't keep down medicine taken by mouth.
- **Ibuprofen** comes in liquid for infants and children and chewable tablets that may be given to older children. With ibuprofen, keep in mind that there are 2 different kinds of liquid medicines, one for infants and one for children (including toddlers and children up to age 11 years). Infant drops are stronger (more concentrated) than the medicine for children.

NOTE: Always look carefully at the label on the medicine and follow the directions. Each type of medicine has different directions based on the age and weight of a child. You should ask your child's doctor about the right dose for your child. Also, if your child is taking other medicines check the ingredients. If they include acetaminophen or ibuprofen, let your child's doctor know.

About Febrile Seizures

In some children younger than 6 years, fever can trigger seizures. While this can be frightening, these seizures are usually harmless. During a seizure, your child may look strange for a few minutes, shake, and then stiffen, twitch, and roll her eyes. The color of her skin may also change and appear blue. If this happens

- Place her on the floor or bed, away from any hard or sharp objects.
- Turn her head to the side so that any saliva or vomit can drain from her mouth.
- Do not put anything into her mouth, not even a finger.
- Call your child's doctor.

Your child's doctor will want to check your child, especially if it is your child's first febrile seizure. It is important to look for the cause of the febrile seizure.

Remember

If you have any questions or concerns about your child's health, ask your child's doctor.

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Information applies to all sexes and genders; however, for easier reading, pronouns such as she are used in this publication.

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