

Fever in Children.

Fever is a normal response to many disease processes and is a useful defense against many illnesses.

Fever is a symptom, not a disease.

Fever will persist until the disease process resolves.

Fever tops out at about 41.1°C (106°F). It won't keep rising.

Fever determination does not need to be exact. (There really isn't any clinical difference between 38.6°C (101.4) and 38.7°C (101.6°F).)

Temperatures should be taken about every 2-4 hours at most —certainly not more frequently. (With the physiology involved, it takes about 1-2 hours for the body to change a temperature, so you can't expect the fever to resolve in less time.)

Fever does not always need to be treated (particularly low-grade fever).

Antipyretic medications are medications with potentially serious problems taken in overdose.

Overdoses are much more common when medications are mixed.

Antipyretic medications should be used as therapy for patient comfort rather than control of the fever. If the patient is comfortable, you don't need to control the fever—the body will do that just fine.



If you are worried about treating the fever for the comfort of the patient, don't use baths or sponging—these are among the most uncomfortable therapies for the patient.

Treating a fever won't prevent febrile seizures. Some folks think that the febrile seizure is related to the rate of rise of the temperature, so treating a fever inappropriately would give more chances for febrile seizures, not less. (We can prevent them, but it takes anti-seizure medicine, not anti-fever medicine.)

Clinical appearance may be more important than the height of the fever. (A fever greater than 40.0°C (104°F) may have a higher incidence of bacterial disease, but this means the physician should consider more evaluation of the cause, not necessarily more worry about the fever.)

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