

## FEVER/MILD DISCOMFORT

### I. DEFINITION:

Mild fever and mild discomfort are symptoms of other conditions. Fever is defined as an elevation of normal body temperature greater than 100.4°F rectally, 100°F orally, or 99°F axillary.

### II. CLINICAL FEATURES:

- A. Fever, itself, is not an illness, but rather a sign that the body is fighting an infection or reacting to a stimulus.
- B. Typical symptoms include malaise, fatigue, myalgias, and tachycardia (pulse rate often elevated by about 10-15 beats per one degree of fever).
- C. An infant or child is considered febrile when temperature exceeds 100°F orally or 99°F axillary. Although axillary and aural means of measuring temperature are less invasive, there is much variability with these types of measurements.

### III. MANAGEMENT PLAN:

#### A. Treatment

Evaluate severity of condition. Evaluate to assure there are no other definitive signs of infection. A nursing assessment is required. The history and physical examination are invaluable in the assessment of the child with a fever. The level and duration of fever as well as the method used to measure temperature are important to note. Prior use of antipyretics should be noted. Additional data should include signs and symptoms, underlying medical conditions, exposure to ill contacts, and immunization status. Telephone management is not allowed.

**NOTE: ACIP no longer recommends prophylactic use of acetaminophen or other analgesics BEFORE or AT THE TIME of vaccination. They may continue to be used after immunization if fever of 101°F or higher occurs.**

#### 1. General

- a. Advise caregivers of measures to make child more comfortable and provide rest.
- b. Dress child lightly; avoid excess clothing or blankets.
- c. Give extra liquids, such as water, juices hourly.
- d. Instruct caregiver in how to read a thermometer.
- e. Instruct caregiver in the reasons for using non-mercury containing thermometers.
- f. Instruct caregiver in how to take axillary temperature in infants and oral or axillary temperature in older children, and to observe for other signs and symptoms, which may develop indicating a worsening condition that requires further evaluation.
- g. Instruct caregivers in safety measures, such as keeping all medications out of reach of children at all times.
- h. Instruct caregiver to take axillary temperature prior to administration of medication whenever possible to maintain accurate monitoring of fever.

2. Medication: (see attached dosage schedules)

Acetaminophen

Ibuprofen  $\geq$  6 months of age

NOTE: ASPIRIN IS CONTRAINDICATED DUE TO ITS ASSOCIATION WITH REYES SYNDROME.

B. Referral

1. All children who have a serious medical condition such as a heart problem, sickle cell anemia, diabetes, or cystic fibrosis.
2. All infants under three months of age, except in conjunction with immunization, with axillary temperature of 100°F or greater. (Rectal temperatures are not advised due to possibility of injury.)
3. All children whose temperature remains elevated despite measures to reduce it for a period of more than 24 hours.
4. All children with signs and symptoms of other diseases or conditions indicating a more serious illness, such as:
  - a. Not wanting to drink anything
  - b. Sleeping all the time, even when fever goes down
  - c. Being fussy or irritable, not wanting to be touched or held, seems confused
  - d. Trouble breathing, choking on bottle
  - e. Temperature of 102°F or higher (axillary or orally) in any age child
  - f. Abdominal pain, vomiting or diarrhea
  - g. Pulling at ears
  - h. Sores in the mouth
  - i. Rash
  - j. Seizure
  - k. Severe headache or stiff neck
5. All children who have recently traveled to a third world country.
6. Refer to APRN or physician if no improvement in 24-48 hours.

C. Follow-up

Determine tracking priority utilizing professional judgment.

REFERENCES:

- Nelson Textbook of Pediatrics, 19<sup>th</sup> ed. 2011.
- Ishimine, Paul "Fever Without Source in Children 0-36 Months of Age" *Pediatric Clinics of North America* 2006 vol. 53 pp 167-194.
- Hockenberry, MJ; Wong, DL *Nursing Care of Infants and Children* 8<sup>th</sup> ed. 2007 Mosby.
- Taketomo, Carol, PharmD; Hodding, Jane, PharmD; Krause, Donna M., PharmDFAPHA; *Pediatric Dosage Handbook*; 17<sup>th</sup> ed. 2010, p. 802, 44-46.
- MD Consult Patient Education. Review date 1/29/2010: Mick NW. Pediatric fever. In: Mrx JA, ed. *Rosen's Emergency Medicine: Concepts and clinical Practice*. 7<sup>th</sup> ed. Philadelphia, PA: Mosby Elsevier; 2009:chap 165. Legget J. Approach to fever or suspected infection in the normal host. Goldman L, Ausiello D, eds. *Cecil Medicine*, 23<sup>rd</sup> ed. Philadelphia, Pa: Saunders Elsevier; 2007: chap 302.
- Wexler, D., Ed. April 7, 2010. "Ask the Experts" Q & As on Current Immunization Issues. Message posted to IAC Express electronic mailing list, Immunization Action Coalition, archived at <http://www.immunize.org/askexperts>.
- Elsevier Inc. (2011). *Bope and Kellerman: Conn's Current Therapy 2012, 1st ed*. Retrieved August 15, 2012, from [www.mdconsult.com: http://www.mdconsult.com/books/page.do?eid=4-u1.0-B978-1-4557-0738-6](http://www.mdconsult.com/books/page.do?eid=4-u1.0-B978-1-4557-0738-6)

**DRUG NAME: ACETAMINOPHEN**

**PERTINENT INFORMATION:** All doses may be repeated every 4 hours. Do not exceed 5 doses in any 24 hour period. Do not exceed 5 days of continuous use without physician direction. Also do not use for self-medication of marked fever (greater than 103.1 degrees F), fever persisting longer than 3 days, or recurrent fever unless directed by a physician.

<b>TYPE AND CONCENTRATION</b>	<b>0-3 mo. 6-11 lbs</b>	<b>4-11 mo. 12-17 lbs.</b>	<b>12-23 mo. 18-23 lbs.</b>	<b>2-3 yrs. 24-35 lbs.</b>	<b>4-5 yrs. 36-47 lbs.</b>	<b>6-8 yrs. 48-59 lbs.</b>	<b>9-10 yrs. 60-71 lbs.</b>	<b>11 yrs. 72-95 lbs.</b>	<b>12-14 yrs. 96+ lbs.</b>
Children's liquid <sup>£</sup> – 160 mg/5 ml	1.25 ml in syringe	2.5 ml in syringe	3.75 ml in syringe	5 ml in syringe					
Children's liquid – 160 mg/5 ml				1 tsp <sup>β</sup>	1½ tsp <sup>β</sup>	2 tsp <sup>β</sup>	2½ tsp <sup>β</sup>	3 tsp <sup>β</sup>	4 tsp <sup>β</sup>
Children's chewable tabs – 80 mg/tab			1½ tabs	2 tab	3 tabs	4 tabs	5 tabs	6 tabs	8 tabs
Junior strength tabs – 160 mg/tab				1 tab	1½ tabs	2 tabs	2½ tabs	3 tabs	4 tabs
Adult – 325 mg tabs							1 tab	1-1½ tabs	2 tabs

**£CAUTION:** Parents and retailers may have Infant Drops (80 mg/0.8 ml) in stock, thus parents should be made aware of the difference in the products and educated accordingly.

<sup>β</sup> tsp is the abbreviation for teaspoon (measuring teaspoon)

The safety and efficacy has not been established for the use of oral extended-release formulation for children under the age of 12 years.

Always confer with your physician, pharmacist or CHD clinic staff when questioning dosages or care of your child with a fever.

## IBUPROFEN

**Use measuring device provided by manufacturer.**

**Dosage frequency = one dose every 6 to 8 hours**

WEIGHT		AGE	INFANT DROPS 50 mg/1.25ml	CHILDREN'S SUSPENSION 100 mg/5ml	CHILDREN'S CHEWABLE TABLETS 50 mg	JUNIOR CHEWABLE TABLETS 100 mg	CAPLETS 100 mg
POUNDS (lbs)	KILOGRAMS (kgs)						
		<b>Under 6 months, consult physician</b>					
12 - 17	5.5 - 7.9	6 - 11 mos	1 dropperful (1.25 ml)				
18 - 23	8.0 - 10.9	12 - 23 mos	1½ droppersful (2 ml)	3/4 tsp			
24 - 35	11 - 15.9	2 - 3 yrs		1 tsp	2 chewable	1 chewable	
36 - 47	16 - 21.9	4 - 5 yrs		1½ tsp	3 chewable	1½ chewable	
48 - 59	22 - 26.9	6 - 8 yrs		2 tsp	4 chewable	2 chewable	2 tab
60 - 71	27 - 31.9	9 - 10 yrs		2½ tsp	5 chewable	2½ chewable	2 tab
72 - 95	32 - 43.9	11 yrs		3 tsp	6 chewable	3 chewable	3 tab
Over 96 lbs				4 tsp	8 chewable	4 chewable	4 tab

**In the adolescent population, the oral dosage (over-the-counter product – 200 mg tablet) should not exceed 10 days as self treatment unless directed by a physician.**

**In the child population between the ages of 6 and 11 years (48-95 lbs) the oral dosage (over-the-counter product-100mg caplets or chewable tablets) should not exceed 3 days as self-treatment unless directed by a physician; and should not be used more than 4 times a day.**

**In the child population between the ages of 2 and 11 years (24-95 lbs) the oral dosage (over-the-counter product- 50 mg chewable tablet or 100 mg/5ml suspension) should not exceed 3 days as self treatment unless directed by a physician.**

**In the infant population between 6-23 months (12-23 lbs) the oral dosage (over-the-counter product – 50 mg/1.25 ml concentrated drops) should not exceed 3 days of self-medication unless directed by a physician. Nor should it be used more than 4 times a day. Only use the dropper provided.**

