

How to manage a fever:

Introduction:

Fever is a normal physiological response to illness that facilitates and accelerates recovery.

What is a fever?

Fever is defined as a body temperature of more than 38° C.

What causes a fever?

Most fevers are due to self-limiting viral infections such as colds, gastroenteritis, croup and bronchiolitis.

However serious bacterial infections such as meningitis and pneumonia must be excluded.

A fever can also occur after immunizations or bundling a child in too many clothes or blankets.

How do I measure my child's temperature?

Body temperature should be measured in the ear (older than 6 months) using an infrared tympanic thermometer, or in the axilla.

Oral and rectal routes should not be used.

- Axillary measurement:
 - Do not measure temperature directly after bathing
 - Ensure that the child's axilla is dry
 - Place the tip of the thermometer in the armpit and lightly press the child's elbow against the chest to close the tip of the thermometer in the armpit.
 - Read temperature: If digital: when the indicator sound "beep" is heard
If glass: after 3 min

Should I treat my child's fever?

It is important to note how the child behaves and appears and not to use the reading of the temperature alone. In most cases, a child with a fever can be observed and/or treated at home.

Fever is not an illness, but a beneficial response of the body to illness.

Most fevers are of short duration and are not harmful.

Children with fever are not at increased risk of seizures, dehydration, brain damage or death.

Body Temperature during fever normally fluctuates and the fever will run its course.

Strict control of fever is never required.

Treatment is recommended: If the child has an underlying medical condition or if the child has had febrile seizures in the past.

A fever in a child aged < 3 months is significant and should be thoroughly investigated and referred to a specialist care if the source of the fever cannot be found.

If any of the signs listed in table 1 are present, please seek medical assistance.

Treatment not recommended: A child older than 3 months who has a temperature of less than 39⁰ C, who is otherwise healthy and acting normally and still eating and drinking normally.

How should I treat the fever?

1. Ensure adequate fluids. Encourage your child to drink adequate amount of fluids. A child with a fever may not feel hungry and it is not necessary to force them to eat. Offer fluids such as water, milk and Breastfeeding/formula frequently.
2. Rest. Encourage your child to rest as much as the child wants. Children may go back to school when the temperature has been normal for 24 hours.
3. Tepid sponging is not recommended.
4. Don't over-dress or under-dress your child, or wrap the child in heavy blankets.
5. Medications:
 - Paracetamol(Calpol panado, empaped), ibuprofen (Nurofen,Ibumol) and mefenamic acid (ponstan, Ponstel) can be used.
 - **Aspirin is not recommended** for children under the age of 12 years.
 - Combination medication should not be used. (Mypaid,Myprodol, Mybulen)
 - Never measure medication using a household spoon. Please use a syringe with correct dose.
 - Dosages should be measured carefully and giving at correct intervals.
 - The medication will start to work within 1-3 hours.
 - If the temperature does not come down after one dose, do not administer another dose immediately. Wait for the appropriate time interval.
 - If the child vomits immediately after taking a dose of medicine, another dose can be given.
 - Sleeping children should not be awakened solely to administer antipyretics.
 - Dosages see table 2.
6. Seek further medical advice if the fever doesn't get better within 48 hours, or if the child condition worsens.

Table 1. Who should be evaluated by a Doctor

1. Infants less than 3 months with a temperature of 38°C or more
2. Children older than 3 months who have a temp of 38°C or more for more than 3 days or appears ill (refusing to drink, clingy , fussy)
3. Signs of Dehydration <ul style="list-style-type: none"> - Dry mouth - Sunken fontanelle - Absence of tears - Poor overall appearance
4. Development of a Rash
5. The child with a seizure (fit)
6. The child cries inconsolably or cries when you touch him/her
7. The child stops drinking or eating
8. The child's urine becomes dark in colour
9. The child's condition gets worse
10. The fever lasts for longer than 2 days
11. Child travel history: Malaria area in the last 2 months
12. Child of any age with a chronic medical condition
13. Any child with a fever more than 40°C

Table 2 Medicine Guidelines

Weight (Kg)	Calpol/Panado (120mg/5ml)	Empaped suppository	Nurofen/Ibumol (100mg/5ml)	Ponstan/Ponstel (50mg/5ml)	Ponstan suppository
3-5,9	2.5ml	-	1ml	2.5ml	-
6- 7.9	3.5ml	125mg	1.5ml	2.5ml	-
8- 11.9	5ml	125mg	2.5ml	5ml	125mg (one)
12- 13.9	7.5ml	250mg	3ml	7.5ml	125mg
14-20	10ml	250mg	3.5ml	10ml	-
20-24	½ to 1 tab	-	5ml	12ml	-
24-30	1tab	-	5.5ml	15ml	-
How often?	4 to 6 hourly	6 hourly	8 hourly	6 hourly	8 hourly

Reference:

1. R Green, P Jeena, S Kotze, H Lewis, D Webb. Management acute fever in children: Guideline for community health care providers and pharmacists. *SAMJ*. Dec 2013, Vol 103, No12.