
Fever in children: 5 facts you must know

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A recent issue of *Pediatrics* includes a new report detailing the need for doctors to improve patient teaching about [fever and fever-reducing drugs](#).

Many parents fear their child getting a [fever](#), or have “fever phobia.” I certainly can understand why. Kids can do crazy things when they get fevers. They don’t sleep well, eat poorly, and behave strangely. Some children can even have seizures due to a quick spike in body temperature. So it isn’t surprising that beginning as early as the pre-natal consultation, parents ask questions about what to do when their child gets a fever.

Concern about childhood fevers is long-standing in our history. Fever superstitions and ancient fever remedies are ribboned throughout all cultures. For example, Romans would trim the fingernails of those affected with fever. Using wax to attach the fingernail clippings to a neighbor’s front door was thought to transmit the fever to that household. Note: Do not have ancient Romans as neighbors. And, even today, I will occasionally see children whose elders have used a method called cupping to literally suck the fever out of them.

So, here are 5 fabulous facts about fever. Some of these statements may be exactly opposite what our mothers have said about fever. The goal of this post is not to discredit grandma, but to decrease

fever phobia and treat fever correctly. And with the right information, maybe the next time our pink-cheeked kiddos come to us with warm foreheads, we might not be so eager to jump to our medicine cabinets.

Please note: The following facts are NOT true for infants under the age of 3 months. Please talk to your pediatrician about newborns with fever.

1. There is no “number” on a thermometer that requires a trip to the Emergency Department.

Nope, not even 104F degrees. With very specific exceptions, kids do not have to maintain a “normal” temperature during times of illness. Fever is a normal, healthy way for the body to fight common infections. Bacteria and viruses that attack our bodies love normal body temperature, but cannot successfully replicate in hotter conditions. Fever, therefore, reflects a robust immune system’s defense against these pathogenic attackers. The bacteria and viruses are the enemy, not the fever they cause.

So remember: fever is a symptom of illness, not a disease. Seeing a high number on the thermometer means your child’s body is doing its job to fight an infection.

2. The severity of fever does not always correspond with the severity of illness. So, what does that mean? A fever is generally defined as over 100F degrees. However, with few exceptions, the degree “number” over 100F really doesn’t matter. In fact, a fever of 101F degrees does not make more difference to me than a fever of 103F degrees.

I have kids running and playing in my office with high fevers. I have other children who look sluggish and sad with a reasonably mild fever. Every kiddo reacts to a fever differently. So regardless of the actual numerical value, look for signs of serious illness in your child. Observe his level of discomfort, level of activity, and ability to maintain adequate hydration. If you are concerned, call your pediatrician to discuss the next steps.

3. Fevers do not have to be treated with medication. Fevers help the body fight infection. Treating a fever is only necessary when you think your child is uncomfortable. The goal of administering antipyretic (anti-fever) medications is not to get a high temperature back to “normal.” They are simply medications to make your child feel better.

Fevers can make kids feel pretty lousy. Children can have altered sleep, unusual behavior, and poor oral intake. If these symptoms are upsetting to your child, please give a fever reducing medication. Treating fever does provide comfort, and may decrease the risk of dehydration.

As an aside, if you are coming to the pediatrician’s office because your child has a fever and her or she is uncomfortable, please give your child a fever reducing medication prior to coming to the office. You do not have to wait until the doctor “sees them with a fever.” A comfortable child is much easier to examine. And a good exam will often determine the cause of the fever, allowing for accurate treatment.

4. Half of you are dosing fever medications incorrectly. As many as one-half of parents do not administer the correct dose of fever reducing medication to their child. This includes both under-

dosing and over-dosing. Medications should be dosed according to your child's weight, not age. Always use the measuring device that comes with the medication. If you lose the dosing device, use only a standard measuring instrument (syringe, medicine cup) as a replacement. Household spoons and measuring spoons are not always accurate.

I often hear parents deliberately under-dosing their child. They say, "I didn't really want to give him medication, so I just gave him a half-dose."

A "half-dose" will do nothing. Don't bother.

If you feel that your child needs medication, give the correct dose. If you have questions about your child's dosage or the proper measuring device to use, call your pediatrician.

5. Fever does not cause brain damage. In a person with a normal functioning brain, and the ability to cool oneself, fever is normal response to infection. Every normal brain has a internal "thermostat" that will prevent a person's temperature from getting high enough to cause brain damage. It is only when hyperthermia, or heat stroke, occurs when damage to the brain and other organs will occur. Hyperthermia happens in the rare instances when an individual's brain cannot regulate temperature well (as in a rare case of brain injury) or when an individual is not able to cool oneself (as in a closed car on a summer day.) Fever due to illness in a normal child will not cause organ damage.

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