

How to Confidently Manage Your Child's Fever

Caring for a feverish child can be challenging for parents, both practically and emotionally. In this article, I provide the information you need to know to confidently manage your child's fever safely, effectively, and as naturally as possible.

What is a Fever and What are its Benefits?

- Fever is not a disease itself but rather a sign of illness
- Fever is a protective mechanism – research has shown that fever is an adaptive response that has evolved as one of the body's many mechanisms for fighting infection – evidence suggests that elevated body temperature enhances various components of the immune system and retards the growth of bacteria and viruses (1)
- Fever is typically defined as follows:
 - rectal temperature $>38^{\circ}\text{C}$; most accurate method; best method for infants ≤ 6 months; we refer to this measurement of a fever throughout the article
 - oral temperature $>37.8^{\circ}\text{C}$; oral temperatures run $\sim 0.25^{\circ}\text{C}$ lower than rectal temperatures
 - tympanic (in ear) temperature $>38^{\circ}\text{C}$ (1)

Are the Common Fears Around Fevers Warranted?

1. Fever is generally a sign of a self-limiting viral infection rather than a bacterial infection or serious illness (2)
2. In most children (see exceptions below), temperatures up to 40°C are beneficial and not harmful – the risk of brain injury is negligible (3)
3. A child's fever does not continue to rise indefinitely – in the absence of factors causing hyperthermia (e.g. over-bundling the child, dehydration), a neurologically normal child's temperature rarely exceeds 41.1°C – when a child's temperature rises too high the body



adaptively responds by producing anti-fever substances (1)

4. Fevers can lead to febrile seizures (incidence of 2-5% in children aged 3 months to 5 years) – while febrile seizures require medical attention, studies show that they are not harmful to the developing brain – children who have had a febrile seizure show normal intellect and behavioural development (3, 4)

When and How Should a Fever be Supported?

- If your child is running a fever $<39^{\circ}\text{C}$, is older than 3 months of age, is generally healthy, has a relatively normal activity level, and does not appear toxic or really ill (e.g. pale, lethargic, weak), you will want to support the fever rather than lower it
- You will need to:
- Prevent dehydration – keep your child hydrated with small and frequent doses of liquids (e.g. breast milk, water, teas, fruit popsicles, broth soups)
- Encourage rest – put your child in cool pajamas, under a light sheet, in a cool but comfortable room
- Provide emotional support – try to remain calm and let your child know that you are there for them
- Observe – more important that your child's temperature itself is how they are responding to the fever (3) – in children 3-36 months of age, assess the quality of their cry, their reaction to you, state of arousal, colour, hydration and social response – known as the Yale Observation Scale (5), and used in most North American pediatric departments, it is a useful predictor of serious infection
- Re-check your child's temperature – in the absence of worsening symptoms, checking a child's temperature (who meets the criteria in bullet one) 2-4 times daily should be sufficient (1) - under these circumstances, taking a child's temperature every hour is excessive and can lead to greater anxiety for you and your child

- Remember that while you want to support a healthy fever, you may want to ask your Naturopathic Doctor (ND) for additional support for your child's immune system (e.g. nutritional support, homeopathic remedies, herbs, acupuncture, hydrotherapy)

When and How Should a Fever be Lowered?

- See the following section for a list of scenarios under which medical attention should be sought
- Scenarios under which a fever should be selectively lowered but not likely requiring medical attention include:
 1. Any child with a temperature $>40^{\circ}\text{C}$ but $<41^{\circ}\text{C}$ (3)
 2. A child who seems very uncomfortable and miserable (but not toxic) (6)
 3. Any child with pre-existing respiratory, cardiac or neurological disorders (3)
- Natural treatments to lower your child's temperature at home include:
 - Removal of excess clothes or covers
 - Cold cloths on the forehead
 - Lukewarm (not cold) baths – you can include fever-reducing herbs such as chamomile, elderflower (Sambucus), linden-flowers (Tilia), catnip, yarrow and peppermint (7)
- Fever-reducing herbal teas (e.g. chamomile, peppermint)
- Ask your ND for additional ways to lower a fever, treat the associated symptoms of fever, and treat the underlying cause of the fever – it is a good idea to consult your ND during well-child visits so that you already have some strategies in mind before your child develops a fever
- For guidance concerning the use of fever-reducing medications, please consult your MD or pediatrician

When Should Medical Attention be Sought?

- A neonate (<28 days) or very young infant (28-60 days) with a temperature >38°C requires emergency medical attention as they are at greater risk for serious bacterial infection (8)
- A child experiencing febrile seizures requires emergency medical attention
- A child 2-3 months of age with a temperature >38°C may require further medical evaluation – definitely if they appear toxic or very ill (e.g. weak or high-pitched cry; persistent cry; can't be aroused or quickly falls back to sleep; pale, bluish or mottled skin colour; dry mucous membranes (e.g. mouth, nose), sunken eyes; no smile, anxious or dull) (6)
- A child of any age who appears toxic or very ill or has a temperature >41°C requires further medical evaluation
- A child who has difficulty breathing, severe headaches, neck stiffness, notable sensitivity to light, persistent vomiting, persistent diarrhea or blood in the stool, refuses to drink, has a rash of red-purple spots, a significant decrease in activity level, or a change in level of consciousness, requires further medical attention (6)
- A child under the age of 2 years whose fever shows no improvement within 24 hours, or an older child with no improvement in 48-72 hours (1)
- A child who is immune-compromised or critically ill (1)

I hope this article has been both educational and empowering for you as a parent. If your child has a fever and you have unanswered questions and/or persistent concerns be sure to contact your ND or MD. Also trust in your own intuition as a parent – it will serve you well.

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