

**BLANCHARD VALLEY PEDIATRICS, INC.
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**INFANTS, CHILDREN
AND ADOLESCENTS
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TO BE MORE ACCURATE THESE DOSES ARE CALCULATED ON THE BASIS OF WEIGHT, NOT AGE.

IBUPROFEN (MOTRIN OR ADVIL) MAY BE GIVEN EVERY 6-8 HOURS					
WEIGHT (POUNDS)	MOTRIN & ADVIL INFANT DROPS 1.25 ml = 50 mg	MOTRIN / ADVIL SUSPENSION 5 ml = 100mg 1 teaspoon = 5 ml	CHEWABLE TABLETS 50 mg	CHEWABLE TABLETS 100 mg	CAPLETS 100 mg
12 - 15	1.25 ml	1/2 TSP			
16 - 23	1.875 ml	3/4 TSP			
22 - 28	2.5 ml	1 TSP	2 TABS	1 TAB	
28 - 33		1 1/4 TSP			
33 - 39		1 1/2 TSP	3 TABS	1 1/2 TABS	
39 - 44		1 3/4 TSP			
44 - 55		2 TSP	4 TABS	2 TABS	2 CAPS
55 - 66		2 1/2 TSP			
66 - 77		3 TSP	6 TABS	3 TABS	3 CAPS
77 - 88		3 1/2 TSP			
88 +		4 TSP	8 TABS	4 TABS	4 CAPS

ACETAMINOPHEN (TYLENOL OR TEMPRA) MAY BE GIVEN EVERY 4 HOURS							
WEIGHT (pounds)	LIQUID DROPS 1 Dropper (drp) = 80 mg = 0.8cc			LIQUID 160 mg / tsp	CHEWABLE 80 mg	CHEWABLE 160 mg	SUPPOSITORIES
0 - 9	.4 ml	1/2 drp	40 mg				
9 - 12	.6 ml	3/4 drp	60 mg				1 (80 mg)
12 - 15	.8 ml	1 drp	80 mg	1/2 TSP			
15 - 18	1.0 ml	1 1/4 drp	100 mg				
18 - 21	1.2 ml	1 1/2 drp	120 mg	3/4 TSP	1 1/2 TABS		1 (120 mg)
21 - 24	1.4 ml	1 3/4 drp	140 mg				
24 - 29	1.6 ml	2 drp	160 mg	1 TSP	2 TABS	1 TAB	2 (80 MG)
29 - 35	2.0 ml	2 1/2 drp	200 mg	1 1/4 TSP	2 1/2 TABS	1 1/4 TABS	
35 - 47	2.4 ml	3 drp	240 mg	1 1/2 TSP	3 TABS	1 1/2 TABS	
47 - 70	3.2 ml		320 mg	2 TSP	4 TABS	2 TABS	
70 +				3 TSP	6 TABS	3 TABS	

DEFINITION OF FEVER

Rectal Temperature above 100.4 F

Oral Temperature above 100 F

Axillary Temperature above 99 F

Although average body temperature is 98.6 F it can normally fluctuate during the day from a low of 97 F in the morning to a high of 100.4 F in the late afternoon.

Mild elevation of body temperature (100.4-101.2 F) can be caused by exercise, warm clothing, hot weather, or warm food and drink. If one of these are suspected it should be eliminated and the temperature retaken in 30 minutes.

EFFECTS OF FEVER

In general, the height of the fever does not relate to the seriousness of the illness. How sick a child acts is what counts. Fever may cause the following symptoms:

Irritability, fussiness, tiredness, difficulty sleeping, decrease in appetite and activity level, headaches, stomach aches, muscles aches, increase in heart rate and breathing rate.

CAUSES OF FEVER

Fever is NOT a disease. It is the body's normal response to infection, and is a sign of how hard your child's body is working to defend itself against the cause of illness. There is mounting scientific evidence that fever is beneficial to the body.

Most fevers in children are due to self-limited viral illnesses. Temperatures usually run 101-104 F and last 2-3 days. Teething does NOT cause fever.

GUIDELINES FOR PARENTS OF CHILDREN WITH FEVERS

☛ You should call your doctor if:

- ☛ Your child is less than 2 months of age.
- ☛ Your child is difficult to awaken.
- ☛ Your child is confused or delirious.
- ☛ Your child has had a seizure.
- ☛ Your child is unable to bend his/her neck.
- ☛ Your child has difficulty breathing.

MISCONCEPTIONS ABOUT FEVER

1. **Brain Damage**-Fever by itself causes no brain damage or other harm unless it reaches 107 F. Fortunately, the brain's thermostat keeps untreated fever from infections below this level. Fevers do not climb relentlessly upward.
2. **Seizures**-About 4% of children between 6 months and 5 years of age will have a febrile convulsion. These seizures happen when the fever becomes high very quickly, rather than how high the fever becomes. Although convulsions are frightening they are usually harmless. If the child has not experienced a convulsion by 3 years of age there is a 96% chance he/she will never have one.
3. **High Fevers**-As mentioned already high fevers do not cause physical harm, and there is often no correlation between the height of the fever and the seriousness of the illness.

REMINDERS FOR TREATING A FEVER

The main reason to treat a fever is to help the child feel comfortable, not to prevent harm to the child. Since so many children are not affected until temperatures reach 101 F, their fevers do not have to be treated unless they are uncomfortable.

DO treat children with one of the over the counter medications based on their most recent weight. This may be a more effective dose if they are underweight or overweight for their age. (See table on front of this sheet)

DO be sure your child is getting enough to drink. Children with high fevers use the fluid in their bodies to try to stay cool.

DO remove enough clothing to allow your child to cool off.

DO sponge your child if their fever exceeds 102 F **and** fever medicine was given one hour before and your child is uncomfortable. Use lukewarm water, not ice water or alcohol. **STAY WITH YOUR CHILD AT ALL TIMES WHEN SPONGING IN THE TUB.**

DO NOT use forehead temperature strips to measure body temperature. Although they may be easier to use than thermometers they are unacceptable substitutes and have been found to be inaccurate on many occasions.

DO NOT expect a fever to always come down to normal body temperature with treatment. The response to fever medicine is not a good indication of the seriousness of the illness.

DO NOT cover a shivering child with a heavy blanket. Shivering means the fever is increasing.

DO NOT awaken a child from sleep for temperature taking or administration of medicine. Sleep is valuable for a sick child. **The only exception to this is a child with a history of convulsions.**