

Tylenol® active ingredient is Acetaminophen

Other products that use acetaminophen as the active ingredient include:

Tempra®, Panadol®, Liquiprin®, Anacin Three®, generic and store brands are also available.

Please read the label to compare dose and concentration.

Age	Weight	80 mg in 0.8* mls Dropperful Suspension Liquid and Elixir	80 mg tabs* Chewable Tablets	160 mg in 5 mls* Suspension Liquid and Original Elixir	160 mg Caplets* and Chewables
0-3 months	6-11 lbs	½ dropper (0.4 ml)			
4-11 months	12-17 lbs	1 dropper (0.8 ml)		½ tsp	
12-23 months	18-23 lbs	1 ½ dropper (1.2 ml)		¾ tsp	
2-3 years	24-35 lbs	2 droppers (1.6 ml)	2 tabs	1 tsp	
4-5 years	36-47 lbs		3 tabs	1 ½ tsp	
6-8 years	48-59 lbs		4 tabs	2 tsp	2 cap/tab
9-10 years	60-71 lbs		5 tabs	2 ½ tsp	2 ½ cap/tab
11-12 years	72-95 lbs		6 tabs	3 tsp	3 cap/tab

*Doses should be administered 4 or 5 times daily (every 4-6 hours) or as directed by your doctor. Do not exceed 5 doses in 24 hours. Exceeding maximum recommended dose can cause serious complications.

Childrens Motrin® active ingredient is Ibuprophen

Other products that use Ibuprophen as the active ingredient include:

Children's Advil® and Pediaprofen®, generic or store brands are also available.

Please read the label to compare dose and concentration.

(to use this chart concentration should show 100 mg / 5 ml)

Age*	Weight#	Fever Under 102.5 F 5 mg / kg	Fever Over 102.5 F 10 mg / kg
6-11 Months	13-17 lbs	¼ tsp	½ tsp
12-23 Months	18-23 lbs	½ tsp	1 tsp
2-3 years	24-35 lbs	¾ tsp	1 ½ tsp
4-5 years	36-47 lbs	1 tsp	2 tsp
6-8 years	48-59 lbs	1 ¼ tsp	2 ½ tsp
9-10 years	60-71 lbs	1 ½ tsp	3 tsp
11-12 years	72-95 lbs	2 tsp	4 tsp

* Not recommended for children less than 6 months of age.

There are 2.2 kg per lb. To get weight in kg divide weight in lbs by 2.2

Do not use this product if your child has stomach ulcers or abnormal bleeding disorders.

A Gonzaga graduate nursing student, Steve Jones, created this informational material. It should be used in consultation with a health care provider.

Children and Fever

What is a fever?

Fever is an abnormally elevated body temperature above 99.4° F axillary, 100.4° F orally or 101.4° F rectally.^(2,3,7) Fever is not a disease but a sign that the body is dealing with some type of stress.^(2,4) Fever is only a symptom just like a cough or pain.

What is the best way to tell if a fever is present?

Glass thermometers are no longer recommended for children. Digital thermometers are accurate, inexpensive and easy to use. Temperatures must be checked rectally in children less than 3 months and can be done rectally in older children.

Obtaining an axillary (armpit) temperature is easiest in children less than 3 years of age.

Oral digital thermometers can be used when the child is able to hold the thermometer under the tongue with the mouth closed until the reading is obtained. By the age of 3 year children are usually able to provide oral temperatures.

Tympanic (ear) thermometers are more expensive, very convenient but frequently not accurate in their measurement.

Feeling the forehead with a hand is not effective in identifying the presence of fever.

Are fevers dangerous?

The best answer is not usually. The body has built in safeguards that prevent most fevers from getting dangerously high.^(1,2) Occasionally, convulsions or seizures may occur in children with fever. While frightening to watch they are rarely dangerous to a child. Febrile seizures are more related to inherited susceptibility and a quick rise in temperature than the height of the fever.⁽²⁾

Fever above 107° F is considered harmful and can cause brain damage and death if not treated.⁽²⁾

Fever in children under 3 months of age is unusual and should be evaluated by your health care provider as soon as possible.

Fever alone can cause dehydration.⁽³⁾ When fever is accompanied by vomiting and diarrhea dehydration can become a medical emergency. When fever, vomiting and/or diarrhea are present it is necessary to provide small amounts of fluids very frequently. If the child refuses fluids or is unable to keep them down contact your health care provider for instructions.

Other warning signs that indicate that a health care provider must evaluate your child include: difficulty waking, crying inconsolably, very pale or mottled, difficulty breathing or unable to touch chin to chest.^(2,3)

Is it necessary to treat all fevers?

No. Fever is beneficial in aiding the body to fight infection.⁽⁸⁾ The elevation in body temperature makes it difficult for viruses and bacteria to grow.^(3,4) Fever also stimulates the body to produce infection-fighting white blood cells.^(3,4)

Many health care providers recommend using medication only to make the child more comfortable.^(3,6) How sick your child looks and acts is much more important than the level of the fever.

Fever is beneficial to the body only if an infection is present.⁽³⁾ Other causes of fever such as prolonged exposure to sun, exercise or dehydration are best treated by removing the cause—getting into shade, stopping the exercise and/or drinking fluids.⁽³⁾

What should I NOT do if a fever is present?

Do not use alcohol. Rubbing alcohol will further dehydrate the skin and the fumes can be toxic therefore alcohol should not be used to lower fever.

Don't use Aspirin.⁽³⁾ Aspirin and other salicylates should not be used to treat fever in children and adolescents because of the risk of Reye's syndrome.

Do not wrap layers of clothing or blankets around the child. Excessive clothing and blankets will retain heat and make a sick child more miserable. Provide enough covering to make the child comfortable without producing chills or overheating.

How do you treat a fever?

The goal for using medications should not be to bring the temperature down to normal ranges. Medicines like acetaminophen and ibuprofen are used to improve comfort and allow the child to sleep. Remember, how sick your child looks and acts is much more important than the level of the fever.

Acetaminophen and ibuprofen are the recommended medications for treating fever in children.^(3,5,6) For dosing recommendations see reverse side. It is very important that these medications be given as directed.^(4,6) If your child has any bleeding disorders, kidney or liver problems or fever that lasts longer than 3 days contact your health care provider before starting or continuing these medications.⁽⁶⁾ Even though it is a frequent practice to give both medications as the first dose at the beginning of treatment or alternating medications in continuing treatments it is not recommended to do so unless your health care provider instructs you to do so.^(4,5,6)

Reference:

- 1) Antipyretics (2002). *Assistpainrelief.com*. Obtained 2/25/05 from www.assistpainrelief.com/info/antipyretics.
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- 4) Crocetti, M., Moghbeli, N. & Serwint, J (2001). Fever phobia revisited: have parental misconceptions about fever changed in 20 years? *Pediatrics* 107(6) pp.1241-1246.
- 5) Huffman, G. (2000). Alternating antipyretics for treatment of fever in children. *American Family Physician*. November 1, 2000. American Academy of Family Physicians.
- 6) Mayoral, C., Marino, R., Rosenfeld, W. & Greensher, J. (1999). Alternating antipyretics: is this an alternative? *Pediatrics* 105(5) pp 1009-1012.
- 7) Como, D. Executive Editor (2000). *Mosby's medical dictionary (sixth edition)* Mosby, St. Louis.

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8) Volpe, K., (2001). Antipyretics may prolong the flu.
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