

## Medical Research & Advice on Treatment of Fever

The role of paracetamol in the increasing incidence of asthma in children has been shown in several studies and the links are below for your reference. Studies have shown that using paracetamol during pregnancy and early childhood increases the likelihood of a child with no family history of asthma, developing the condition. The practice of encouraging parents to use paracetamol at the first sign of a rise in temperature and through the immunization process is believed to exacerbate this increasing problem and studies have shown no discernable difference between paracetamol and placebo in the treatment of fever.

What is also becoming clear is that the use of paracetamol and/or neurofen in fever is also not without risk partly, due to the possibility and ease of overdose and liver damage, but also because continually suppressing fevers rather than allowing the body to deal with what is generally an infection leads to recurrent acute illness and low grade chronic disease.

Below is the abstract and some of the content of a study published in the American Journal of Paediatrics. There have been several similar studies with the same conclusion and as you will see further on, some hospitals are now recommending a “watch and wait” protocol.

*“Fever in a child is one of the most common clinical symptoms managed by pediatricians and other health care providers and a frequent cause of parental concern. Many parents administer antipyretics even when there is minimal or no fever, because they are concerned that the child must maintain a “normal” temperature. Fever, however, is not the primary illness but is a physiologic mechanism that has beneficial effects in fighting infection. There is no evidence that fever itself worsens the course of an illness or that it causes long-term neurologic complications. Thus, the primary goal of treating the febrile child should be to improve the child's overall comfort rather than focus on the normalization of body temperature. When counseling the parents or caregivers of a febrile child, the general well-being of the child, the importance of monitoring activity, observing for signs of serious illness, encouraging appropriate fluid intake, and the safe storage of antipyretics should be emphasized. Current evidence suggests that there is no substantial difference in the safety and effectiveness of acetaminophen and ibuprofen in the care of a generally healthy child with fever. There is evidence that combining these 2 products is more effective than the use of a single agent alone; however, there are concerns that combined treatment may be more complicated and contribute to the unsafe use of these drugs. Pediatricians should also promote patient safety by advocating for simplified formulations, dosing instructions, and dosing devices.*

*The desire to improve the overall comfort of the febrile child must be balanced against the desire to simply lower the body temperature. It is well documented that there are significant concerns on the part of parents, nurses, and physicians about potential adverse effects of fever that have led to a description in the literature of “fever phobia.” The most consistently identified serious concern of caregivers and health care providers is that high fevers, if left untreated, are associated with seizures, brain damage, and death. It is argued that by creating undue concern over these presumed risks of fever, for which there is no clearly established relationship, physicians are promoting an exaggerated desire in parents to achieve normothermia by aggressively treating fever in their children.”*

Below is the Royal Children’s Hospital Melbourne’s advice on treating a fever. You will note that they advise not to give antipyretics (paracetamol, neurofen, etc) routinely and not if a temperature is below 38.5.

Fever is nature’s way of overcoming an infection (viral or bacterial). In a child with a strong immune system a high fever is not dangerous, can be managed and will burn up the infection, allowing the child to overcome the illness naturally.

There are many ways to treat fevers homeopathically before you need to use antipyretics. These drugs can be dangerous and should be used as a last resort.

**ABC (Aconite, Belladonna, Chamomilla 30c)** is a great remedy to have on hand for fever in small children and will frequently help the body work through the fever naturally, however there are many other options. Please ask your homeopath or check the [articles page](http://www.elementsofhealth.com.au/pages/articles.php) on our website for further information.

<http://www.elementsofhealth.com.au/pages/articles.php>

The idea is not to lower the fever but to help the body work harder to overcome the fever. Again, it is better to take the “watch and wait” approach before jumping in with remedies and you will note that RCHM only recommends using antipyretics if a child is uncomfortable or in pain – not for the fever itself.

We are creating generations of children with compromised immune systems and poor health. A child who has never had a fever is definitely not a sign of good health, but rather a symptom of a weak immune system and does not bode well for the future.

## The Royal Children’s Hospital Melbourne

### Fever in children

- Fever is when the temperature of the body rises to above 38°C. A normal temperature range for a child is usually up to 38°C.
- Fever is usually a sign of infection in the body. Fever is often caused by a virus and sometimes by bacteria. Viral infections are far more common and do not need antibiotics. Antibiotics do not cure viruses. Bacterial infections are treated with antibiotics.
- A high fever does not necessarily mean your child has a serious illness. The fever seen in common childhood infections is not harmful, and in fact it helps the body's immune system fight off the infection.
- There is no advantage to lowering your child's fever except for comfort.
- Treat your child by making them more comfortable; give clear fluids (eg water, diluted fruit juice) *and paracetamol if the fever is making your child miserable*.
- Fever is a way the body fights infection, and your child's temperature will return to normal when the infection has completely gone.
- Fever is not known to cause damage to the brain or other organs.

### Febrile convulsions

A few children can have convulsions ('a fit') when they have a fever. This may happen if your child's temperature goes up suddenly. Sometimes a convulsion happens when parents don't actually know their child has a fever. Febrile convulsions are not common and do not usually cause any long term health effects.

### You may want to take your child's temperature if they are:

- Unwell and feel hot
- Irritable, crying
- More sleepy than usual
- Vomiting or refusing to drink
- In pain

### There are three ways to take a child's temperature

1. Under the arm - for all children.
2. Under the tongue - only for older children.
3. Ear (tympanic) - for children of all ages. It can be difficult to use and may not be accurate.

Different thermometers have different instructions to follow to make sure you get an accurate reading. Ask your Maternal and Child Health Nurse, doctor or chemist to show you how to use your thermometer - before you need it.

Plastic tape thermometers used on the forehead are not reliable.

### See your doctor if your child has the following symptoms with their fever.

- Complaining of a stiff neck or light hurting their eyes.
- Vomiting and refusing to drink much.
- Rash.
- More sleepy than usual.
- Problems with breathing.
- If your child is in pain.

### Also see your doctor if:

Your child is under three months and has a fever.

### At home care

Treat your child at home by making them more comfortable.

- Dress your child in enough clothing so that they are not shivering.
- Tepid sponging (sponging with slightly warm water) and fanning children with fevers is not recommended.
- Give your child frequent small drinks of clear fluid (eg. water, diluted fruit juice or cordial). If your child is less than six months old give extra cooled boiled water, breast feeds, or bottles.
- Do not worry if your child refuses to eat at this time.
- Watch your child for signs that their illness is getting worse.

### About Paracetamol

- Paracetamol is also known as Panadol, Tempra, Dymadon and Tylenol.
- If your child seems well and is happy, there is no need to treat a fever with paracetamol.
- If the fever is above 38.5°C **and your child is miserable** or has other symptoms such as a sore throat, they may be given paracetamol. Follow the correct dose on the medicine instructions.
- Panadol may not make the fever go away but the aim is to make the child feel better.
- Paracetamol is a common ingredient in a number of medicines for illnesses such as colds and flu. Make sure that when giving paracetamol for fever that your child has not had one of these cold and flu medicines in the last 4 hours.

- Paracetamol can be given every four hours as directed on the bottle. No more than four doses should be given in each 24 hours. Do not give for more than 2 days without seeing your doctor.

### **When to go back to your GP**

Bring your child back to see your own GP if they:

- look more sick than before
- have not improved in 48 hours

### **Key points to remember**

- The normal temperature range is up to 38°C.
- Fevers are common in children.
- If your child seems well and is happy there is no need to treat a fever.
- If your child is *under 3 months* and has a fever *above 38°C*, take them to the doctor to be checked.
- If your child is miserable, treatment is needed to comfort your child. Give clear fluids and Paracetamol. The response of the fever to treatment does not matter.
- Watch your child for signs of the illness getting worse.

### **For more information**

- Talk to your GP
- Talk to your Maternal and Child Health Nurse

<http://www.ncbi.nlm.nih.gov/pubmed/18805332?dopt=Abstract> (asthma)

<http://www.ersj.org.uk/content/32/5/1231.full> (asthma)

<http://pediatrics.aappublications.org/content/128/6/1181.full> (asthma)

[http://www.rch.org.au/kidsinfo/fact\\_sheets/Fever\\_in\\_children/](http://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/) (fever)

<http://pediatrics.aappublications.org/content/127/3/580.full> (fever)