Fever in Children: What Parents Should Know

Fever is a normal part of childhood

One of the most common reasons parents worry is because their child has a fever. **The good news is that fever is a normal, healthy response to infection.** In most cases, a fever means your child's immune system is doing exactly what it is supposed to do—helping fight off germs. Although fevers can be uncomfortable, **the fever itself is usually not harmful.** The most important thing is **how your child is acting**, not the number on the thermometer.

What is a fever?

A **fever** is a body temperature of **100.4°F (38°C) or higher**.

A normal body temperature is about **98.6°F (37°C)**, but it is normal for body temperature to vary by about **1°F** throughout the day. Temperatures are usually lowest in the morning and highest in the evening.

Ask yourself:

- Is my child awake and interacting?
- Are they drinking fluids?
- Are they able to be comforted?
- Are they breathing comfortably?
- Are there other concerning symptoms?

A child with a high fever who is playful and drinking fluids is often less concerning than a child with a lower fever who is difficult to wake or appears very ill.

What's the best way to take a temperature?

The most important thing is to use a thermometer correctly and consistently.

- **Rectal temperature:** The most accurate method for infants and young children and considered the **gold standard**, especially for babies younger than 3 months.
- **Ear (tympanic) thermometer:** A good choice for children older than 6 months when used correctly. Earwax, improper positioning, or an ear infection may affect the reading.

- **Forehead (temporal) thermometer:** Convenient and easy to use but may be less accurate than rectal, oral, or ear thermometers.
- **Underarm (axillary) temperature:** Easy to obtain but generally the least accurate. Readings are often **0.5–1°F lower** than rectal temperatures. If your child has an elevated underarm temperature or seems ill, confirm the fever with a more accurate method if possible..

Should I treat my child's fever?

The goal of treating a fever is **to help your child feel more comfortable—not to make the temperature completely normal.** If your child is playing, drinking fluids, and seems comfortable, medication may not be necessary.

Acetaminophen (Tylenol®)

- May be given **every 4–6 hours as needed** (do not give more often).
- Dose according to your child's **weight**, not age.

Ibuprofen (Motrin®, Advil®)

- May be given **every 6–8 hours as needed**.
- For **children 6 months and older only**.
- Dose according to your child's **weight**, not age.

Should I alternate Tylenol and ibuprofen?

Routine alternating of these medications is **not usually necessary** and can make dosing confusing, increasing the risk of medication errors. However, if your child remains uncomfortable before the next dose of one medication is due, your healthcare provider may recommend alternating medications in certain situations.

Additional tips

- Fever-reducing medicines usually begin working within **30–60 minutes**
- **Do not wake a sleeping child** just to give fever medicine.
- Encourage your child to drink plenty of fluids, as fever increases fluid loss.
- Dress your child in lightweight clothing and avoid excessive blankets.
- Remember, **treat the child—not the fever.**

When should my child be seen by a healthcare provider?

Contact your child's healthcare provider if:

- Your baby is **younger than 3 months** and has a **rectal temperature of 100.4°F (38°C) or higher.**
- Your child is **3 to 36 months old** with a fever **above 102.2°F (39°C)** and no obvious source of the fever.
- The fever lasts **more than 3 days.**
- Your child has a fever and a weakened immune system (such as cancer, chemotherapy or medications that suppress the immune system).
- Your child is difficult to wake, unusually sleepy, inconsolable, or difficult to comfort.
- Your child has trouble breathing.
- Your child is unable to drink fluids or has signs of dehydration (such as **no urine for 8–12 hours**, a very dry mouth, or no tears when crying).
- Your child has severe pain, persistent vomiting, or a new rash.
- You are worried that your child looks seriously ill.

A temperature **above 106°F (41.1°C)** is very uncommon and requires immediate medical evaluation because it may represent **hyperthermia**, which is different from a typical fever caused by infection.

What NOT to do

- **Do not give aspirin** to children unless specifically directed by your healthcare provider.
- **Do not worry if the fever doesn't go away completely** after giving acetaminophen or ibuprofen. The goal of treatment is to help your child feel more comfortable—not to make the temperature completely normal.
- **Do not wake a sleeping child** just to give fever-reducing medication. Rest is an important part of recovery.

Remember:

- **Treat the child, not the fever.**
- Most fevers are caused by viral infections and improve on their own.
- Fever is often a normal and helpful part of the body's immune response to infection.
- If you are concerned about how your child looks or is behaving, trust your instincts and contact your healthcare provider—even if the temperature is not very high.