Fever management in the under 5s

Within a healthy individual, body temperature will vary in relation to environmental and biological factors which are regulated through a process of thermoregulation (Wright and Auwaerter 2020). Fever is described as a high temperature of 38C or more (NHS 2020). This has a variety of causes however it is most often associated with infection (Holt et al 2020). Fever is a natural adaptive response process which may improve the body’s resistance to future infection and frequent use of antipyretics could inhibit this (Mcdougall and Harrison 2014).

Fever is one of the most common clinical reasons for medical consultation, accounting for approximately one third of all presenting conditions in children (Chiappini et al 2016). Fever can evoke anxiety in parents, chiefly associated with the symptoms related to this (Elkon-Tamir et al 2017). Safety concerns have been highlighted that fever can be mismanaged by caregivers (Arias et al 2019). It is therefore important that health visitors have understanding of appropriate advice to support parents.

Accurate temperature measuring is necessary to monitor and evaluate treatment options (Smith et al (2019). For infants under the age of four weeks, an electronic thermometer is recommended to check the temperature in the axilla (armpit) (NICE 2019). In children from four weeks to five years, body temperature measurements can be undertaken using an electronic thermometer or chemical dot thermometer (ordinarily used within the acute setting) in the axilla or infra-red thermometer to the tympanic membrane (ear) (NICE 2019).

Caregivers should be advised to provide plenty of fluids, food as desired and frequently observe the child even in the night (NHS 2020). Tepid sponging is not recommended and children with a fever should not be undressed or overly wrapped (NICE 2019).

Those under the age of 3 months with a fever of 38C or between the ages of 3 to 6 months with a temperature of 39C or above, require medical review as hospital observation and further investigation may be required (NHS Inform 2020).

Caregivers should be advised to look for other signs of illness including a sunken fontanelle, dry mouth, sunken eyes, absence of tears or poor overall appearance (NICE 2019). If concerned regarding their child’s health they should seek support via their general practitioner, 111 or as required accident and emergency. Medical help should be sought immediately if a child has a seizure, develops a non-blanching rash or experiences a prolonged fever for 5 days or more.

Antipyretics should only be used if a child is demonstrating distress with the fever and should not be used with an aim of reducing body temperature (NICE 2019). Paracetamol or ibuprofen can be administered in children with a fever according to the patient information leaflet (NHS Inform 2020). These should not be administered together and alternating of these agents should only occur if distress persists or recurs before the next dose is due (NICE 2019).

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