Many people think fever identifies a child who is ill. Fever (a rise in the body temperature above normal) is common and rarely harmful in young children. Exercise, environmental conditions, individual variations in baseline body temperature and teething can elevate body temperature. Overheating in a hot environment is the only situation when fever might hurt the body.

Normal body temperatures may vary from person to person and from one time of day to another. Some arbitrarily set levels of body temperature are considered above normal:

- **oral temperatures above 101 F. (38.3 C.),**
- **axillary (armpit) temperatures above 100 F. (37.8 C.)**
- **rectal temperatures above 102 F. (38.9 C.)**

Caring for Our Children, Standard 3.6.1.1 states that there is no need to exclude from a group care program a child who is older than 6 months of age with a fever and normal behavior. Fever with a stiff neck, lethargy, irritability, or persistent crying requires exclusion from child care and medical professional advice. A medical professional should evaluate a child younger than six months with an unexplained fever. Young infants may not show behavior change with serious illness. So arrange urgent medical attention for any infant less than two months old with a fever.

Fever can help fight an infection. Many adults and some health professionals believe giving fever reducing medicine to a child with a fever will make the child more comfortable. Sometimes children do become less irritable, drink better and play more actively when medication reduces their fever. Be sure to weigh this benefit against the help fever gives the body to fight an infection. Observe the behavior of a child with fever. Is the child acting normally? Does the child seem ill? Is the child drinking enough to keep up with increased body fluid loss from fever?

Giving fever-reducing medications (ibuprofen or acetaminophen) too often or in unsafe doses can be harmful. In a recently reported study, up to half of adults gave an incorrect dose of these medications to children in their care. The child’s weight, not age determines the right dose. Always use the right device to measure a specific medication. Don’t wake a sleeping child who has a fever to give fever-reducing medicine. Stop using fever reducing medicine as soon as possible. The safety of long term use of these drugs is not known.

**SOURCE:** [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org) (Adapted from Managing Infectious Diseases in Child Care and Schools 2nd edition, 2009, pp. 73-74, CFOC (3rd edition) Standard 3.6.2.10 and AAP News Vol. 32 No. 3 March 2011, p. 8 with information provided by Dr. Farrar, a former member and Dr. Sullivan, Chair of the American Academy of Pediatrics Section on Clinical Pharmacology and Therapeutics Executive Committee).