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What to do, and not do, with sick toddlers

The weather may not have felt very winter-like, but with the number of sick children being seen by doctors, nurses, teachers and parents, it is clearly mid-January.

School absenteeism is on the rise, there are long waits in emergency rooms, hospital beds are full and pediatricians' offices are bringing in extra staff to manage the increased demand for appointments. Even though influenza strains have not yet surfaced this year, pediatricians and emergency rooms are seeing overwhelming numbers of children with long-lasting fevers, coughs, congestion and vomiting or diarrhea.

All parents become concerned when their children are ill, given that a fever that makes a child unhappy and irritable usually makes a mom or dad anxious and upset. In many cases, medication and visits to the doctor or emergency room can be avoided, saving time, money and additional health risk. Why wait in an emergency room if it is not necessary? If some medications are ineffective and dangerous, why use them?

Even though fever is defined as an elevation in body temperature to above 100.4 degrees Fahrenheit (38 Celsius), a normal temperature varies from child to child and by time of day, fluctuating from near 97 in the early morning to almost 100 degrees in the evening. A rectal temperature will also be a degree higher than elsewhere on the body. In most cases, a fever is only an indicator of infection. Since typical children in day care may have infections with fevers as frequently as once a month, it is important to judge the seriousness of an infection by more than your child's temperature.

Many physicians feel that a fever, while uncomfortable, is not only harmless, but helps the body fight infection. When a child has a fever, heart and breathing rates increase and they sweat and get flushed. As a consequence, they need extra fluids to replace what they lose. Children with isolated fevers don't need to see the doctor for evaluation. However, if a child looks ill, is very uncomfortable, unusually sleepy and extremely fussy or irritable, even when the fever subsides, a call or visit to the doctor is appropriate. Worrisome signs include a stiff neck, severe headache, sore throat, earache or repeated vomiting and diarrhea. Fevers that last more than 24 hours in a child under two, or for more than three days in older youngsters should be discussed with the child's pediatrician.

Treating fevers usually provides comfort to both the patient and parent. Some doctors are reluctant to treat isolated fevers, preferring to let one of the body's defense mechanisms against the infection run its course. While ibuprofen and acetaminophen may be used to lower body temperature, if medications are chosen, follow directions carefully. Many parents over- or under-medicate, leading to dangerous medication levels on one extreme and not enough medication to do the job on the other extreme.

Since winter infections frequently involve congestion and cough in addition to fever, parents often use over-the-counter cough and cold preparations. Many pediatricians have long known that these medications are ineffective and expensive, and the Centers for Disease Control just published new guidelines for the use of these medicines. The CDC reported last week that, because of the risk of toxicity, the lack of proven effectiveness and the absence of good information on dosage, children under 2 years old should not be given these medications unless directed by a physician, and then only with great caution.

As we brace ourselves for dealing with children's winter ills, we might provide the most comfort with the simplest of strategies. Short warm tub or sponge baths (never use cold water or alcohol or leave a child unattended in a tub) often make children feel more comfortable and help reduce body temperatures. Cuddling and reading a favorite story helps to pass the time and reduces anxiety. And, as parents have known for hundreds of years, there's always chicken soup.

Parents who want to know more about treating their child's fever and colds can contact their pediatrician or visit the American Academy of Pediatrics Web site at www.aap.org

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