

"Fever in Children" by Dr John Bender BSc ND

- I. Fever, especially in children, is often misunderstood. Fever is defined generally as a body temperature above 100° Fahrenheit (38.3°Celsius). Most fevers come and go quickly, without any complications.

A fever can be caused by many medical conditions ranging from non-serious to life-threatening. These include viral, bacterial and parasitic infections. For example, the common cold is caused by a rhino virus, while urinary tract infections, pneumonia, ear infections, meningitis, and appendicitis etc., can all be caused by bacteria.

Fever alone is generally not considered dangerous, but a condition called hyperthermia can be dangerous. This occurs with temperature extremes and is associated with heat injuries such as heat stroke, side effects of certain medications, illicit drugs, stroke and/or head injury. With hyperthermia, the body is no longer able to control body temperature.

However, most fevers do not require aggressive treatment. "Fever is the body's normal response to infection – it's a natural defense mechanism," says Dr. Janice Sullivan, a professor of pediatric clinical care. She says that a high temperature triggers the body's production of infection-fighting WBC's and inhibits the growth of viruses and bacteria. "If you lower the fever, you may be affecting the body's ability to respond to that infection."

A high body temperature acts in several ways. It limits the growth of bacteria and viruses by being too "hot" for their optimum growth. It also accelerates the body's enzyme systems and other mechanisms designed to get rid of the bacterial toxins while reducing the ill effects of the unwanted intruders.

- II. Even the management of febrile seizures in children has moved away from aggressive anti-fever medicines since fever-reducing drugs do not reduce seizure occurrence. More important than the actual temperature in deciding on treatment is how "sick" the patient is. In other words, how are they responding to the fever?

"Scoring a child's symptomatology using the Yale Predictive Model (below) has been found to be a statistically reliable indication of when a child is seriously ill and needs to see a medical professional."

As can be seen from the table, a child scoring 10 or less is at a relatively low risk, while a score of 16 or above is highly predictive of a serious illness.

To score the child's fever on the chart, look at the first vertical column "Observation Item". Find your child's state on the chart for each entry. For example, if your child's "quality of cry" is "strong with normal tone OR content and not crying", score a 1. Looking at the other columns, if the child is "weak or moaning" under the third column, score a 5. Do this for each entry. Add the total score. If the score is under 16, you don't need to see your practitioner but keep a watchful eye. At this point, do not suppress the fever with acetaminophen or ibuprofen or other anti-pyretics as this will not allow the fever to "work" and get rid of the pathogen and its effects.

There is also a chart of contraindications for fever of 103° Fahrenheit (39.4° Celsius) to 106° Fahrenheit (41.1° Celsius). Generally children can tolerate temperatures of 103°F (39.4°C) and over better than adults.

There are homeopathic remedies available here which will not drastically lower or suppress the fever, but will help to make the fever "more efficient" and allow it to do what it needs to do. Please discuss this with Dr. Bender ND.

However, when in doubt, always seek a practitioner's advice.

Yale Predictive Model: Six Observation Items and Their Scales			
Observation Item Score	Normal 1	Moderate Impairment 3	Severe Impairment 5
Quality of cry	Strong with normal tone OR Content and not crying	Whimpering OR Sobbing OR High pitched	Weak OR Moaning
Reaction to parental stimulation	Cries briefly then stops OR Content and not crying	Cries off and on	Continual cry OR Hardly responds
State Variation	If awake -> stays awake OR If asleep and stimulated -> wakes up very quickly	Closes eyes briefly -> awake OR Awakes with prolonged stimulation	Falls to sleep OR Will not rouse
Color	Pink	Pale extremities OR Blue discolouration of extremities	Pale OR Bluish OR Mottled OR Ashen
Hydration	Skin normal, eyes normal AND Mucous membranes moist	Skin, eyes normal AND Mouth slightly dry	Skin doughy OR Tented AND Dry mucous membranes AND/OR Sunken eyes
Response (talk, smile) to social overtures	Smiles OR Alerts (<2 mo)	Brief smile OR Alerts briefly (<2 mo)	No smile Face anxious, dull, expressionless OR No alerting (<2 mo)
Interpretation:			
	Score ≤ 10 11 to 15 ≥ 16	Probability of being seriously ill 2.7% 26.2% 92.3%	

CONTRAINDICATIONS FOR FEVER OF 103 TO 106°F
<ul style="list-style-type: none"> - Infants less than 4 months of age (cannot localize infection) - An infection that threatens the central nervous system or systemic circulation - Dehydration - Impaired cardiac and/or pulmonary function - The patient at risk for developing epilepsy - A poor general health status - Pregnancy - A fever of 106°F that continues for more than five hours - A fever of unknown origin - The patient who cannot tolerate the discomfort of fever - The patient who is not able to rest in bed and follow the treatment protocol