2.7P Fever (>101.5°F/38.5°C) Pediatric

EMT/ADVANCED-EMT/PARAMEDIC STANDING ORDERS



- Routine Patient Care.
- Obtain temperature—rectal temperature preferred in infants < 3 months.
- Passive cooling; remove excessive clothing/bundling.
- For temperatures >101.5°F (38.5°C):
 - o If acetaminophen was taken more than 4 hours ago:
 - Consider administering acetaminophen per <u>Pediatric Color Coded</u> <u>Appendix A3</u> oral (Rectal administration is Paramedic only).
 - o If acetaminophen was taken within the last 4 hours:
 - Consider ibuprofen per <u>Pediatric Color Coded Appendix A3</u> oral (contraindicated in infants under 6 months of age).

EMT/ADVANCED-EMT/PARAMEDIC EXTENDED CARE ORDERS



- May repeat acetaminophen dose every 4 hours (not to exceed 6 doses in 24 hours).
- May repeat ibuprofen dose every 6 hours (not to exceed 4 doses in 24 hours).



Avoid Ibuprofen in patients with NSAID allergy, aspirin-sensitive asthma, or renal insufficiency

History:

The following symptoms, when associated with a fever, suggest a more serious illness:

- Persistent vomiting
- Difficulty breathing
- Chest pain
- Extreme listlessness or irritability
- Abdominal pain
- Pain when urinating

- Severe headache
- Unusual sensitivity to bright light
- Severe swelling of the throat
- Stiff neck and pain when the head is bent forward
- Unusual skin rash
- Confusion

For patients who refuse transport, urge caregivers to observe for signs of serious illness, encourage appropriate fluid intake, and safely store antipyretics.

PEARLS:

- Avoid inducing shivering.
- The primary goal of treating fever is increased comfort rather than normalization of body temperature. Fever is a physiologic mechanism that helps fight infection. There is no evidence that fever worsens illness or causes long-term neurologic complications.
- Children should never take aspirin.
- Infrared temporal thermometers are more accurate than tympanic thermometers.