NGN · NCLEX · 2026 PLAN

PEDS · CLINICAL QUICK-SHEET · NO. 01

PEDIATRIC NURSING · 01

Pediatric *Fever* Management

From first thermometer reading to recognizing a febrile seizure — the clinical logic, drug doses, and red flags the NGN expects you to know cold.

01 What counts as a fever?

BY ROUTE OF MEASUREMENT

RECTAL ★ GOLD STANDARD	ORAL	TYMPANIC	AXILLARY
≥ 100.4°F	**≥ 100°F**	**≥ 100°F**	**≥ 99°F**
≥ 38.0 °C	≥ 37.8 °C	≥ 37.8 °C	≥ 37.2 °C
Most accurate in infants < 3 months.	Use only in cooperative children > 4–5 yrs.	Unreliable in infants < 6 months.	Screening only — confirm with rectal.

02 Age-specific red flags

THE YOUNGER, THE MORE URGENT

< 3 MONTHS

ANY fever ≥ 100.4°F (38°C) is an emergency. Immature immune system → high sepsis & meningitis risk. **Send to ED — full septic workup (CBC, blood/urine/CSF cultures) is expected.**

3 – 6 MONTHS

Fever **≥ 102°F (38.9°C)** or appearing ill → evaluate promptly. Assess hydration, activity, rash, and feeding tolerance.

> 6 MONTHS

Treat the **child, not the number**. Focus on behavior, hydration, and source of infection. Fever itself is protective — not harmful.

03 Antipyretics — dose it safely

WEIGHT-BASED, ALWAYS

Acetaminophen

TYLENOL · PARACETAMOL

10 – 15 mg/kg PO/PR q 4 – 6 h

- Max **5 doses / 24 h**; do not exceed **75 mg/kg/day**.
- Safe from **≥ 2 months** of age.
- Hepatotoxic in overdose → assess liver function.
- First-line for dehydrated children.

Ibuprofen

MOTRIN · ADVIL

5 – 10 mg/kg PO q 6 – 8 h

- Only for children **≥ 6 months**.
- **Avoid** if dehydrated, vomiting, or with renal disease.
- Give with food to protect GI mucosa.
- Longer antipyretic effect than acetaminophen.

NEVER give aspirin (ASA) to children with fever

Linked to **Reye's Syndrome** — acute encephalopathy + hepatic failure — especially during viral illness (influenza, varicella). Teach every caregiver this, every time.

04 Comfort care — do's & don'ts

PARENT TEACHING ESSENTIALS

Do SAFE

- ✓ Offer **small, frequent fluids** (breastmilk, formula, Pedialyte).
- ✓ Dress in **light, single layer** clothing.
- ✓ Keep room **cool (68–72°F)**; lower blanket weight.
- ✓ **Tepid** sponge bath (98.6°F / 37°C) ONLY if child is comfortable.
- ✓ Monitor **urine output** (≥ 1 mL/kg/hr = adequate).
- ✓ Track temp, meds, and time in a log.

Don't HARMFUL

- ✗ **No cold or ice baths** → causes shivering → raises core temp.
- ✗ **No alcohol rubs** → toxic absorption, hypoglycemia, coma.
- ✗ **No bundling** or heavy blankets to "sweat it out."
- ✗ **Do not alternate** acetaminophen + ibuprofen routinely — dosing errors cause toxicity.
- ✗ **Do not** wake a sleeping, comfortable child to medicate.
- ✗ **Never** give aspirin — see Section 03.

05 Febrile seizure — the peds emergency

AGES 6 MO - 5 YRS

RECOVERY POSITION

Febrile Seizure

PEAK INCIDENCE 12 - 18 MONTHS · USUALLY BENIGN

SIMPLE (BENIGN)
- < 15 min duration
- Generalized tonic-clonic
- Once in 24 hrs
- No post-ictal focal deficit

COMPLEX (CONCERNING)
- > 15 min duration
- Focal features
- Recurs within 24 hrs
- Prolonged post-ictal state

01 **Protect:** side-lying, move hazards, cushion head.

02 **Time it:** note onset, duration, & movements.

03 **Stay:** NOTHING in the mouth, do not restrain.

04 **Call 911** if > 5 min or respiratory distress.

06 Complications to watch for

PRIORITIZE ASSESSMENT

Dehydration
Sunken fontanel, dry mucosa, ↓ tears, ↓ UOP, cap refill > 3 sec.

Sepsis
Especially < 3 months — lethargy, poor feeding, mottling, ↓ BP late sign.

Febrile Seizure
6 mo – 5 yrs. Usually benign; complex type requires workup.

Reye's Syndrome
Aspirin + viral illness → encephalopathy + liver failure. Preventable!

Call 911 / Go to ED Immediately

PARENT & NURSE ESCALATION CRITERIA

- **Infant < 3 months** with any fever ≥ 100.4°F (38°C)
- **Petechial / purpuric rash** — think meningococcemia
- **Difficulty breathing,** retractions, cyanosis, grunting
- **Severe dehydration** — no tears, no wet diaper > 8 hrs
- **Seizure > 5 minutes** or a second seizure in 24 hrs
- **Stiff neck, photophobia,** bulging fontanel
- **Altered mental status** — lethargy, inconsolability, confusion
- **Fever > 104°F (40°C)** or lasting > 5 days

07

NGN NCLEX — high-yield takeaways

MEMORIZE THESE

01

Fever is a symptom, not a disease.

Treat the child's comfort and hydration — not the thermometer number. Activity & feeding matter more than the degree.

02

Weight-based dosing, every time.

Acetaminophen 10–15 mg/kg q4–6h · Ibuprofen 5–10 mg/kg q6–8h (≥ 6 mo only). Calculate — don't estimate.

03

Never aspirin → Reye's.

Anchor fact for pediatric med-safety questions. Tie it to viral illness (flu, varicella).

04

Under 3 months = ER.

Any rectal temp ≥ 100.4°F triggers a full septic workup. No "watch and wait."

05

Seizure = protect, time, position.

Side-lying, nothing in mouth, no restraint. Time the seizure. Call EMS if > 5 min.

06

Hydration is the intervention.

Every 1°F ↑ = ↑ insensible losses ~ 10 %. Offer small, frequent oral fluids.

"The nurse's job isn't to erase the fever. It's to read what the fever is saying — about hydration, about source, about the child in front of you."

HIGH-YIELD REVIEW

Quick-Sheet 01

PEDIATRICS · FEVER
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