

ACETAMINOPHEN (TYLENOL)* DOSING

MAY BE GIVEN EVERY 4 HOURS AS NEEDED. DO NOT EXCEED 5 DOSES IN A 24 HOUR PERIOD

The factor that best determines the correct dose of medication for your child is his or her weight

WEIGHT OR AGE	INFANT DROPS	LIQUID SUSPENSION 160MG/5ML	CHEWABLE/MELTAWAY 80MG/TAB	JR STRENGTH CAPS/ MELTAWAY TABS 160MG/CAPSULE (TAB)
9-12 lbs* OR 0-3 mos	No longer available	1.25 ml (40 mg)		
13-18 lbs OR 4-8 mos	in 80mg/0.8ml	2.5 ml (80 mg)		
19-25 lbs OR 9-20 mos	concentration	3.75 ml (120 mg)		
26-30lbs OR 21-30 mos		5ml (160 mg)	2 tabs	1cap/tab
31-35 lbs OR 3 yrs		6.25ml (200 mg)	2 ½ tabs	1 cap/tab
36-41 lbs OR 4-5 yrs		7.5ml (240 mg)	3 tabs	1 ½ cap/tabs
42-47 lbs OR 6 yrs		8.75 ml (280 mg)	3 ½ tabs	1 ½ caps/tabs
48-53 lbs OR 7 yrs		10 ml (320 mg)	4 tabs	2 caps/tabs
54-59 lbs OR 8 yrs		11.25 ml (360 mg)	4 ½ tabs	2 caps/tabs
60-71 lbs OR 9-10 yrs		12.5 ml (400 mg)	5 tabs	2 ½ caps/tabs
72-95 lbs OR 11 yrs		15 ml (480 mg)	6 tabs	3 caps/tabs
96 + lbs 12 yrs		Not recommended	Not recommended	4 caps/tabs

*FOR RECTAL TEMP OF 100.4 OR HIGHER IN AN INFANT < 3 MONTHS, CONTACT PHYSICIAN FIRST

IBUPROFEN (MOTRIN or ADVIL)* DOSING

MAY BE GIVEN EVERY 6-8 HOURS AS NEEDED. DO NOT EXCEED 4 DOSES IN A 24 HOUR PERIODS

WEIGHT OR AGE	INFANT DROPS 50MG/1.25ML	LIQUID SUSPENSION 100 MG/5 ML	CHEWABLE TABS/JR CAPS 100 MG/TAB (CAP)
6-15 lbs or 0-5 mos	IBUPROFEN SHOULD NOT BE USED IN INFANTS UNDER 6 MONTHS OF AGE		
16-20 lbs or 6-10 mos	1.875 ml (75 mg)	3.75 ml (75 mg)	
21-25 lbs or 11-20 mos	2.5 ml (100 mg)	5 ml (100 mg)	1 tab/cap
26-30 lbs or 21-30 mos		6.25 ml (125 mg)	1 tab/cap
31-35 lbs or 3 yrs		7.5 ml (150 mg)	1 ½ tabs/caps
36-41 lbs or 4-5 yrs		8.75 ml (175 mg)	1 ½ tabs/caps
42-47 lbs or 6 yrs		10 ml (200 mg)	2 tabs/caps
48-53 lbs or 7 yrs		11.25 ml (225mg)	2 tabs/caps
54-59 lbs or 8 yrs		12.5 ml (250 mg)	2 ½ tabs/caps
60-65 lbs or 9 yrs		13.75 ml (275 mg)	2 ½ tabs/caps
66-95 lbs		15.0 ml (300 mg)	3 tabs/caps
96lbs +		20 ml (400mg)	4 tabs/caps

We have found that generic versions of these medications are as effective as the brand name and may save you money. We encourage the use of generic medications.

NOTE: medications may come in different size bottles with different size droppers. Please make sure you read the dropper/medication dispenser carefully to ensure the correct dosage for your child. In order to ensure correct dosage, please be sure to use a standardized measuring device and not a kitchen teaspoon. If in doubt please contact your physician.

When to call your pediatrician if your child has a fever

Please note that the following are guidelines only. Your child's general appearance and the way he or she is acting are usually more important indicators of illness than the height of the fever. You should always call if your child looks or acts significantly ill for any period of time or if you are concerned about worsening health.

Call immediately if:

- Your child looks or acts very ill for any period of time.
- You think your child has had a seizure.
- Your child is less than three months old and has a temperature of 100.4°F or higher.
- Your child is over three months and less than three years old, and the fever is over 102°F and he or she is not acting well.
- Your child is over three years old, feverish, and does not look well, and does not perk up significantly after an appropriate dose of fever medicine.
- Your child is crying inconsolably.
- Your child cries if you touch him or move him.
- Your child is difficult to awaken.
- Your child complains of a stiff neck and cannot touch the chin to the chest without pain.
- Purple spots are present on the skin, and these do not blanch (whiten) when pressed firmly.
- Breathing is labored and no better after the nasal passages are cleared.
- Your child is unable to swallow anything and is drooling saliva.
- Your baby's fontanelle ("soft spot") is bulging when or she is sitting up quietly.
- There is redness or swelling around the eye or pain with eye movements.
- There is redness, tenderness, or swelling over an arm or leg.
- Your child walks with a limp or refuses to move a leg joint.
- Your child has a compromised immune system (e.g., the spleen has been removed, the child is undergoing chemotherapy, or is HIV positive) or sickle cell anemia.
- You have any other concerns about the fever that make you feel immediate call is necessary.

Call within 24 hours if:

- Your child suffers from a burning sensation or pain during urination.
- Your child complains of ear pain.
- Your child complains of a sore throat and any of the following: swollen glands, headache, abdominal pain, rash, or joint pain.
- Your child voids dark urine 3 or 4 weeks after a sore throat.
- Your child's fever lasts more than 48 hours without any obvious cause or infection.

Call during regular office hours if:

- Your child's fever is greater than 101.5°F for more than 72 hours.
- The fever has been normal for 24 hours and then returned.
- Your child has a history of seizures with fever, and you wish to review fever management.
- You have other concerns or questions regarding fever.