

## FEELS LIKE NOVEMBER

The calendar turned and so did the temperature. After an unseasonably warm October with virtually no COVID, flu or RSV, I have no doubt we'll start to see those viruses popping up as the cold weather drives kids indoors where viruses thrive.

November 1 brings back a little PTSD for me dating back to November 1, 1995. It was my senior year at Duke and I was doing my student teaching in 4th grade at Hillandale Elementary. I was a few weeks into my independent teaching where I was teaching the class on my own and was scheduled for my first formal observation by one of my professors. Apparently I drew the short straw having my observation on the day after Halloween that also coincided with the class having earned "snack all day Friday" for good behavior. Not only that, but the observation was scheduled towards the end of the day when I'm pretty sure 1/2 the class was in a sugar coma and the other 1/2 was still on a sugar high. I still earned my teaching license, but definitely had to dig myself out of a hole after observation #1!

## START PLANNING FOR 2025

Many families take advantage of their company's Health Savings Accounts to pay for their Direct Pediatrics membership. In addition, since all pediatric visits (sick and well), routine labs, and routine medications are included in your membership, you may be able to find a cheaper insurance plan for your kids since you basically just need coverage for emergencies, hospitalizations and possibly specialists or specialty medications if your child has a unique condition.

## FEVERS

As cold & flu season will be arriving shortly, I want to share my thoughts on fevers- another unsung hero of your child's defense system (like coughs-see October's newsletter).

- **What is a fever?** Any temperature 100.4 degrees and higher is considered a fever
- **Why 100.4?** The specific temperature actually dates back to the 1800's to European doctor Carl Wunderlich who measured temperatures on thousands of people and concluded (accurately) that 38 degrees celsius seemed to be the cut off between ill and non-ill patients. 38 degrees celsius=100.4 fahrenheit.
- **100.3, 100.4- does it really matter?** Sometimes it does...If a baby under 2 months of age (who is not vaccinated against meningitis yet) shows up in the ER with a temperature of 100.4 or higher, the guidelines state that the baby needs to have a blood culture, urine culture, a dose of an antibiotic within an hour of arrival and possibly a spinal tap and 48 hours of inpatient antibiotics (pediatricians don't mess around with possible meningitis). If that baby's temperature is 100.3 or lower and looks OK, that baby probably ends up going home a couple of hours later to follow up with their pediatrician the next day. So yes, that 0.1 degree can make a huge difference!
- **Does the specific temperature matter for older kids?** So a temperature >100.3 does mean that the child cannot attend school until the temperature is <100.4 for 24 hours off of Tylenol/ibuprofen. If a child has a cough and runny nose and their temperature is >100.3, I know it's viral and not allergies as allergies don't cause fevers while viruses can produce fevers
- **What about "low grade fevers?"** I think of fevers like pregnancy. You either have a fever (>100.3) or you don't (<100.4). Can you be low grade pregnant? No. You either are pregnant or you're not. Same with fevers
- **How fast do I need to get my child's fever back to normal?** Not only do you not need to get your child's fever down, but allowing the fever to run its course is actually helpful. A nice study was done where kids who came into a pediatric ER with fevers were divided into two groups. One group of parents were told to give tylenol/ibuprofen and not let the temperature go >100.4. The other group of parents were told not to treat the fevers and just let them run their course. The group whose fevers were not treated were feeling better 24-48 hours faster than the group whose fevers were treated.
- **So fevers are good?** Fevers are part of the body's immune system. By raising the body temperature with a fever, the immune system is activated more quickly and powerfully. In addition, many viruses and bacteria don't tolerate higher temperatures and die more quickly.

- **So don't treat fevers?** Don't have fever phobia. Don't throw your child in an ice bath because you're afraid of fevers. If your child is tolerating the fever well enough, don't treat it. If your child is miserable when he or she has a fever, go ahead and treat it.
- **What temperature is too high?** If your child is over 2 months, typically healthy, up-to-date on vaccines and develops a fever due to an illness, there is not a temperature that is considered "too high." If your child can generate a fever, your child's body will bring the fever back down. I have seen a girl with a UTI with a temperature of 107.4 that came down as soon as it was treated. I saw a girl with a temperature of 106.9 who had a viral illness that resolved in 24 hours without any treatment. If your child is running a fever that you're concerned about, by all means contact me or bring them in, but don't feel like if it gets to a certain temperature that you have to bring them to the ER. I'm way more concerned about how kids are breathing, drinking and acting rather than what their temperature is.
- **But can't fevers cause brain damage?** No. If a person's body temperature unnaturally gets too high due to outside temperatures (i.e. a football player in pads practicing in 100+ degree weather), they can suffer heat stroke causing brain damage/death, but not due to fevers.
- **But can't fevers cause seizures?** While it's true that 2-5% of children may have a febrile seizure between the ages of 6 months to 5 years, the name "febrile seizure" is a little misleading. Technically it's the sudden change of temperature that causes the seizure- not the fever itself. Typically what happens is that a healthy toddler will have a seizure out of the blue and after the seizure he or she will be noted to have a fever. While frightening, these seizures generally are harmless and typically don't recur. Even in kids with recurrent febrile seizures (very uncommon), the seizures are often unpreventable because by the time the child has the fever, they've either had the seizure due to the change from normal temperature to fever or not had a seizure. Once the fever is present, they're out of the danger zone.
- **What's the most accurate way to check a temperature?** A rectal thermometer is the most accurate way to check a temperature, but would only be important in the first 2 months of life when a fever could indicate a life-threatening condition such as meningitis. After 2 months, any thermometer should be fine. You never need to add a degree when taking a temperature.
- **I know I don't have to treat my child's fever, but he is miserable. What do you recommend?** For children over 6 months, I prefer ibuprofen because it lasts 6-8 hours and Tylenol tends to last 4-6 hours. For children under 6 months, Tylenol is the safest option.
- **Should I alternate Tylenol and ibuprofen?** No. I really don't have a great idea where the idea of switching back and forth between medications came from but it's just confusing and can lead to medication errors, especially if multiple caregivers are involved. Just stick with one medication and give it every 6-8 hours as needed (for ibuprofen) or every 4-6 hours as needed (for Tylenol). If your child needs to be on any pain/fever reliever for more than 3 days, it's a good idea to switch medicines after 3 days to avoid rebound headaches.
- **Are there any situations where I need to worry about a fever?** A few fairly uncommon circumstances. If your child is under 2 months of age and gets a fever, they should be seen immediately. If your child is immunocompromised due to chemotherapy or some rare immune deficiency syndrome, they should be seen ASAP. If they have not been vaccinated for meningitis and have a fever with neck pain and/or altered mental status, they should be seen ASAP. Finally, whether or not they have a fever, if they are having difficulty breathing, are difficult to arouse or are peeing < 3x in 24 hours, they should be seen ASAP

## DR. J'S BOOK REVIEWS

I've been trying to get into the habit of taking my 4 dogs on a nightly walk which gives me a great opportunity to take in some good audio books. Here are 2 that I highly recommend

- ***The Anxious Generation*** by Jonathan Haidt; An outstanding book for parents of children of all ages. Two themes of the book focus on how all children who entered (or will enter) the teen years after 2010 have been horribly impacted by 2 things; Safetyism and Smartphones/video games. Safetyism is the parental belief that the world is an extremely dangerous place so kids have to be protected physically and emotionally at all times. Although implemented with the best of intentions, the effect is creating a generation of teens with worsening anxiety who struggle to mature and separate from parents. For girls, smartphones have created a mental health tidal wave of anxiety and depression with video games having a similar effect on boys (but for different reasons). One example is that 20 years ago when girls

engaged in normal social comparison during their teen years, their comparison group were the hundreds of other girls they see in person at school every day. With social media, not only do girls have thousands to millions of potential girls with whom to compare, but with filters and photo enhancement features, the result is that basically every girl using social media feels worse about herself every time she uses it. The author goes through numerous practical solutions from pre-K through the late teen years to address these problems

- ***The Parents Guide to High Functioning Autism Spectrum Disorder*** by Sally Ozonoff & Geraldine Dawson; If you have ever wondered if your child might be on the spectrum because they're bright but quirky, or engage in a lot of black and white thinking, or struggle to make new friends, or rely on routine and are a bit inflexible, this book is for you. In addition, anyone who has a job that involves working with kids should read this. After reading this book, I definitely kicked myself for making school way more challenging than it needed to be for my students with undiagnosed high functioning autism spectrum disorders. The book provides all sorts of excellent practical interventions that can be used at home, and shared with teachers and schools to make life and learning so much easier for a child with high functioning ASD (formerly known as Asperger's). Even if your child is not on the spectrum, the strategies discussed make life better for all kids

## **DR. JOHNSON'S SCHEDULE**

Every 3 years I have to (I mean, I get to) attend the KY Psychology Association conference to get my CEUs to maintain my psychology license. This year, the conference is downtown from Thursday November 14th-Saturday November 16th from 8-5 each day. I'll certainly be available by text those days as well as in the evenings. If your child needs to be seen in person on one of those days, we'll arrange for Dr. Stewart to see your child. I'll be in town during Thanksgiving week in case anyone eats too much turkey!

Have a wonderful November, and don't hesitate to call to schedule your family's vaccines!

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