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Treating a Fever Without Medicine

As a pediatrician, I get paged on most nights by one or two parents worried about their children's fever. It seems that by now, my wife and kids have listened to so many identical conversations that they could probably answer most of those calls for me.

Right after my "good evening" greeting, and before I could ask *any* other questions, I usually hear a nervous parent recite the exact same details that I just listened to before I dialed their number. I patiently wait for the parent to complete their presentation and proceed to ask a battery of my standard questions:

1. Is your child having difficulty breathing?
2. Did your child appear listless today or was she active, playful and out of bed?
3. Does your child have diarrhea?
4. Are you spending time hydrating your child (or rather spending time worrying)?
5. How did you measure the temperature (oral, tympanic, axillary or rectal approaches)?
6. I usually remember if the child in question just received an immunization at my office, but if the caller is new, I inquire whether the child was recently immunized.

Except for the rare occasions such as in case of a very young infant that is reported to be lethargic and febrile, I usually suggest that the parents should hydrate the child as best as they could, and give Tylenol or Motrin for the child's pain, rather than the fever. Most children could be checked in the morning if they are still showing signs of an illness.

Fever is Our Friend

Scientific studies show that children healed more quickly if their fever was not treated with medications. The fever is important in aiding our immune system in the fight against viral and bacterial illnesses. Fevers generally do not need treatment with fever reducing medication unless your child is uncomfortable or has a history of febrile convulsions.

Even higher temperatures are not in themselves dangerous or significant unless your child has a concomitant, overwhelming pneumonia, meningitis or a history of seizures or a chronic disease. Even if your child has a history of a fever-related convulsion and you treat the fever with medication, they may still have a febrile seizure. It is more important to watch how your child is behaving.



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If your child was playful, with a good appetite and exhibits no signs of respiratory distress, he probably does not need any treatment. You should also talk with your pediatrician about when to treat your child's fever and have clear guidelines.

If your child has a fever above 105° or if your febrile infant is younger than 8 weeks old, call your Pediatrician immediately. These factors may signal a dangerous, invasive illness.

Useful Fever Treatment Tips Published by the American Academy of Pediatrics:

1. Keep your child's room and your home comfortably cool, and dress him lightly.
2. Encourage him to drink extra fluid or other liquids (water, diluted fruit juices, commercially prepared oral electrolyte solutions, gelatin, Popsicles, etc.).
3. If the room is warm or stuffy, place a fan nearby to keep cool air moving.
4. Your child does not have to stay in his room or in bed when he has a fever. He can be up and about the house, but should not run around and overexert himself.
5. If the fever is a symptom of a highly contagious disease (e.g., chickenpox or the flu), keep your child away from other children, elderly people, or people who may not be able to fight infection well, such as those with cancer.

Sponging

In most cases, using oral acetaminophen (Tylenol) or ibuprofen (Motrin) is the most convenient way to make your feverish child more comfortable. However, sometimes you may want to combine this with tepid sponging, or just use sponging alone.

Sponging is preferred over acetaminophen or ibuprofen if:

- Your child is known to be allergic to, or is unable to tolerate, antipyretic (anti-fever) drugs (a rare case).

It is advisable to combine sponging with acetaminophen or ibuprofen if:

- Fever is making your child extremely uncomfortable.
- He is vomiting and may not be able to keep the medication in his stomach.

To sponge your child, place him in his regular bath (tub or baby bath), but put only 1 to 2 inches of tepid water (85–90 degrees Fahrenheit, or 29.4–32.2 degrees Celsius) in the basin. If you do not have a bath thermometer, test the water with the back of your hand or wrist. It should feel just slightly warm. Do not use cold water, since that will be uncomfortable and may cause shivering, which can raise his temperature. If your child starts to shiver, then the water is too cold. Shivering can make a fever worse; take your child out of the bath if he shivers.



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Seat your child in the water—it is more comfortable than lying down. Then, using a clean washcloth or sponge, spread a film of water over his trunk, arms, and legs. The water will evaporate and cool the body. Keep the room at about 75 degrees Fahrenheit (23.9 degrees Celsius), and continue sponging him until his temperature has reached an acceptable level. *Never put rubbing alcohol in the water; it can be absorbed into the skin or inhaled, which can cause serious problems, such as coma.*

Usually sponging will bring down the fever by one to two degrees in thirty to forty-five minutes. However, if your child is resisting actively, stop and let him just sit and play in the water. If being in the tub makes him more upset and uncomfortable, it is best to take him out even if his fever is unchanged.

The Importance of Hydration in Febrile Children

I will leave you with a personal story that demonstrates what happens when parents are overly concerned about fevers. Approximately 3 years ago, one of my patients came in with her son Moishe, a 3 year old toddler who presented to my office on one sunny day with fever, abdominal pains and slight diarrhea. Moshe was a skinny child from a skinny family. His mother constantly reported that he refuses to eat, and while I did notice that at the age of 18 months he fell off the growth curve. His older 2 siblings had a very tough time gaining weight as I recalled. I also noticed on a routine visit that his father was extremely skinny and his mom had a very soft heart. She would replace his meals with juice or snacks in fear that little Moishe would not grow otherwise and despite all my efforts to prove that Moishe did not suffer from any medical diseases (which included several blood tests and referral to a nutritionist) Moshe's mom was never at ease.

This time, Moishe's mom stated that her child is extremely ill and that he may have intestinal disease. After listening to his history of having fever, diarrhea and abdominal pains, and once I examined Moishe; my diagnosis was that he had contracted a common stomach virus. I went over the importance of hydrating Moshe slowly with Pedialyte and told the mom to call me if he does not improve in 24 hrs.

Much to my surprise, Moishe's mom called and reported that Moishe looked lethargic, his fever climbed higher (above 104°) and she was worried he may have a horrible intestinal disease. When asked about his oral intake, mom briskly answered that she felt he was "too weak to drink". He did not urinate for 12 hrs. At this point it sounded to me that Moshe needed IV hydration and I instructed the mom to proceed to the formerly known as Schneider Children's Hospital Emergency Room.

At the hospital, Moishe was found to be dehydrated. He received IV hydration at the hospital for the next 24 hours. While I visited Moishe on his first day, his mom appeared quite angry that the Emergency Room physicians felt that Moishe simply had a stomach virus and did not do any X-rays of his abdomen or extensive blood tests. Moishe did start urinating more and his blood pressure was normal, he was drinking very little according



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to the flow sheets by his bedside, but still ran a fever. I encouraged mom to sit by him and hydrate him. “If Moishe tolerates his fluids by mouth, he will be out by tomorrow G-d willing” I added.

At night, Moishe’s grandmother paged me, to inform me that she is extremely irritated that her grandchild is still weak, and she is surprised that he was admitted to the hospital without a CT Scan of his abdomen and without a Gastroenterologist consult. Although I try to “bend backwards” to appease and reassure grandmothers, I feel reluctant to practice “defensive medicine” and order unnecessary, and often harmful tests such as the radiation rich CT Scans. This is an unfortunate practice that many physicians who want to cover themselves feel reluctant to practice, and while I can not judge them because they may have had negative outcomes in their history, I refuse to irradiate patients unnecessarily and risk inducing possible leukemia or other horrendous outcomes of over radiation and over treatment. I reassured Moishe’s grandmother that I have examined him that morning and he appeared to be on his way to recovery. I proceeded to take full responsibility for his health and promised to be in touch with the hospital staff overnight.

The next morning, I drove to the hospital to check on Moishe. When I entered his room, Moishe greeted me with a warm smile. His mom was busy talking on her cell phone with her cousin and describing emphatically how sick Moishe was and how she had to leave her three other kids behind. I looked over Moishe’s vital signs his fever appeared occasional, while his urine output and rest of the vital signs were completely normal. On examination Moishe seemed much stronger, playful and in a great mood. I scanned his tray to find 3 cans of Ginger Ale. 2 of them still closed and the third open, but full.

I then glanced over to Moishe’s mom and politely motioned to her that its time to say goodbye to her cousin. She proceeded to thank me profusely for coming to visit, and continued to voice her concern about Moishe’s progress. After listening to her report, I asked her: “how many cans of Ginger Ale Moishe drank over the past day?” Much to my surprise, the answer was “none”. According to mom, Moishe was too weak and too stubborn to drink.

For the next ten minutes, I sat next to Moishe and using a teaspoon, I was able to give him a half a can of flat Ginger Ale. His mom appeared shocked! Moishe actually appeared to *like* Ginger Ale, I found that before I could pour the Ginger Ale from the can onto my spoon, Moishe’s mouth was right there, next to me.

I proceeded to let his mom know that she clearly spent more time worrying and reporting the news of child to all of her family members, rather than simply following basic medical advice. Blood tests, CT Scans and GI consults could have prolonged Moishe’s stay at the hospital and have us “chase” possible incidental findings, but could have also irradiated little Moishe. I didn’t want to sound too harsh, but I think she realized that I was disappointed in her behavior.



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Two days had passed and again, I met with Moishe and both of his parents at the office. To my shock, Moishe looked a bit worse again. He still had a low grade temperature and appeared weaker than on his day of discharge from the hospital. Before I could get a word out, Moishe's father informed me that he thought he knew what Moishe's real diagnosis was. His cousin from Brooklyn had a son who had Appendicitis. This was not a regular appendicitis, for when the surgeon reportedly removed the appendix he noticed that there were actually *pinworms* in the appendix. Now Moishe's father looked very angry, and in a stern voice asked me: "Don't you think that Moishe has the same problem? He seems to have exactly the same symptoms as his second cousin. And to prove the point, despite all of our efforts, Moishe did not get better!!!"

At that point I did not know whether to laugh or cry. That week, along with the regular office work, I had the additional time constraint stress because I had to round on Moishe at the hospital. But what could I do to stop this cycle of senseless worrying and get Moishe's parents to start giving him the care that he deserved? I truly liked Moishe's parents, I knew them for 5 years, and they were clearly devoted to me. I felt true love and cared deeply for their kids and I did not want to say anything that would hurt them in any way. On the other hand, they clearly were not listening to my advice, and may have been endangering their children's health. I decided to take an unprecedented, bold move.

Rounding on most patients at Schneider Children's Hospital was usually a real act of kindness on my behalf. Certain popular insurances routinely denied payments for hospital visits. I felt reluctant to bill the patients directly, because I could not tell who could really afford to pay for those services. Luckily, it was not often that I sent patients into the hospital, so I decided in my heart to continue this act of kindness for as long as I could. The Hospital however, ridden with heavy financial costs, often sent patients anxiety generating bills.

This time however, I actually shared the reality with Moishe's parents. After gently dispelling the worries about the "Pinworm induced Appendicitis", in a concerned voice, I told his parents that if they do not sit next to Moishe and hydrate him, he will end up dehydrated again. I left them clear instructions of how to deal with the fever and what Moishe's diet should consist of. Before I left the room, I added: "Unfortunately, your insurance may deny payment for the hospitalization which you had, you should expect to receive a bill in the mail shortly". I asked the parents to keep in touch and wanted to recheck Moishe again in 1-2 days to ensure that he does not suffer from "Pinworm Induced Appendicitis".

Two days later, I saw Moishe cheerfully running in the hallways of the Health Center. When I walked into the room, I was greeted by his smiling mom. Moishe was doing great she reported. He drank 3 cans of flat Ginger Ale, at his toast and drank his chicken soup. Later that month, Moishe's younger sister had a similar illness with high fever and diarrhea. Her mom hydrated her "like a pro". She came into the office once to make sure



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it was only a stomach virus. She never spoke on the cell phone while I was in the room. There was no mention of “Pinworm Induced Appendicitis” or any requests for blood tests or CT Scans. Later that year, Moishe’s mom excitedly reported to me that to her surprise, her insurance did pick up the tab for Moishe’s hospitalization.

Looking back, it seems that I discovered a hidden benefit within the notorious Healthcare Reforms, infamous HMO’s and the frequent insurance rejections. Last I heard, Moishe and his family averted unnecessary blood tests, radiation from CT Scans and Hospitalizations. Moishe’s parents spent less time worrying and more time rejoicing with their kids.

Will “Obama Care” actually help us physicians bring our point across to our patients?

Wishing you a healthy winter,

David Elazar Simai MD