

Woburn & North Andover Pediatric Associates

Tylenol (Acetaminophen) Dosing

Given every 4-6 hours. Do not exceed 5 doses in 24 hours.

TYLENOL Child's Weight	Infant/Children's Suspension Liquid 160 mg/5 mL	Children's Meltaways/ Chews 80 mg each	Jr Meltaways/ Chewables 160 mg each	Adult Capsules Regular Strength 325 mg each
6-11 lbs	Call pediatrician	-	-	-
12-17 lbs	2.5 mL (½ tsp)	-	-	-
18-23 lbs	3.75 mL (¾ tsp)	1.5 tablets	-	-
24-35 lbs	5 mL (1 tsp)	2 tablets	1 tablet	-
36-47 lbs	7.5 mL (1 ½ tsp)	3 tablets	1.5 tablets	-
48-59 lbs	10 mL (2 tsp)	4 tablets	2 tablets	1 cap
60-71 lbs	12.5 mL (2 ½ tsp)	5 tablets	2.5 tablets	1 cap
72-95 lbs	15 mL (3 tsp)	6 tablets	3 tablets	2 caps
>95 lbs	20 mL (4 tsp)	8 tablets	4 tablets	2 caps

Tylenol (Acetaminophen) may be used for fever or pain.

Motrin or Advil (Ibuprofen) Dosing

Given every 6-8 hours. Do not exceed 4 doses in 24 hours.

IBUPROFEN Child's Weight	Infant Drops 50 mg/1.25 mL	Children's Liquid 100 mg/5 mL	Jr Strength Chewables/Caps 100 mg each	Adult Chewables/Caps 200 mg
12-17 lbs	1.25 mL	2.5 mL (½ tsp)	-	-
18-23 lbs	1.875 mL	3.75 mL (¾ tsp)	-	-
24-35 lbs	-	5 mL (1 tsp)	1 chew	-
36-47 lbs	-	7.5 mL (1½ tsp)	1.5 chews	-
48-59 lbs	-	10 mL (2 tsp)	2 chews	-
60-71 lbs	-	12.5 mL (2 ½ tsp)	2.5 chews	-
72-95 lbs	-	15 mL (3 tsp)	3 chews	-
>95 lbs	-	20 mL (4 tsp)	4 chews	2 caps

Motrin/Advil is an anti-inflammatory & may be used for fever or pain. It is not recommended for relief of cold symptoms, for children under age six months, for children w/ chicken pox, or if child is vomiting and/or dehydrated.

Fever

Fever is a symptom & does not cause harm - it is the body's natural mechanism for fighting infection & should be seen as a sign that your child's body is effectively combating the illness. During episodes of fever, heart & breathing rates naturally speed up. The child may sweat more than usual and appear flushed. Fever reducers should be used when the child is uncomfortable.

Fever Measurement & Management

- Digital rectal thermometers work best for young children. Oral thermometers may be preferred for older children.
- Mercury thermometers should not be used. Axillary (under arm) temperatures are not accurate and temperature strips or pacifier thermometers are unreliable.
- Remember that temperatures do not always return to normal with fever reducers.
- If your child has a low grade fever but is acting well (alert & playing as usual, eating well, sleeping well), you may observe your child for any other signs of illness and wait to see if the fever improves.

Woburn & North Andover Pediatric Associates

- In children 6 months & younger, significant fever is temp of 100.4°F (38°C) or higher by rectal thermometer.
- In children over 6 months, significant fever is temp of 101°F (38.3°C) or higher by rectal or oral thermometer.

Call the office promptly if your child...

- Is 3 months or younger & has a fever of 100.4°F (38°C) measured rectally
- Is over 2 years old & has a fever for 3 days or more
- Is 2 years old or younger & has a fever for more than 24 hours
- Has a fever of 105°F (40.5°C) at any age
- Looks very ill, is drowsy, is very fussy
- Has been in an extremely hot place, like an overheated car
- Has fever and another symptom like stiff neck, severe headache, severe sore throat, ear pain, unexplained rash, repeated vomiting/diarrhea
- Has a medical condition that suppresses immune response (sickle cell disease, cancer, or is taking oral steroids)
- Has a seizure or has a history of febrile seizures

Safety Tips

- Be sure to verify dosing & medication concentration (ex: 160 mg/5 mL). Different concentrations require different dosing. Use the packaged measuring tool & measure carefully.
- Keep track of what medications are given, their dosage, & time administered. Medications have different instructions and giving a repeat dose too early can be harmful.
- Check the “active ingredients” to be sure you are giving the correct medicine for the problem.
- Keep medication out of reach of children, and purchase those with childproof caps.
- Be sure to use cold medications as directed and only when advised by your child’s pediatrician. Call your doctor if you have any questions.
- Never give your child aspirin. It can cause Reye syndrome, which can damage the liver/brain.

Alternate Cold Symptoms Remedies

- Thin mucus in children with saline (salt water) nose drops. Use a cool mist humidifier to help moisten the air in your child’s room. Clear baby’s nose with a suction bulb.
- Keep your child hydrated. Use clear liquids rather than milk or formula, especially if the child is vomiting.
- Honey (1 tablespoon) has been shown to provide relief from nighttime cough, but should not be used in children under the age of one year.
- Manage fever w/ light clothing, tepid baths, & extra clear fluid consumption.

Cold Medications OTC

- Over the counter (OTC) cold medications of any kind should never be used in children under age 2 years. (FDA 2008)
- Serious side effects have been reported in children 6 years & younger, so use of OTC cold medications in this age group is not recommended unless we advise you to do so. (FDA 2008)
- Side effects from well known OTC medications include sedation/confusion, abnormal heart rhythms, hyperactivity, & insomnia. Overdose can result in decreased breathing rates, liver damage, kidney damage, & death.
- There has been no proven benefit of OTC cold medications in children. They may be used to treat cold symptoms, but do not cure or shorten the duration of symptoms.
- Never give your child aspirin. It can cause Reye syndrome, which can damage the liver/brain.

