

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

***FOR FEVER GREATER THAN 100.4 IN AN INFANT less than 3 MONTHS, CONTACT YOUR PHYSICIAN FIRST.**

****Please Note: Some acetaminophen brands on shelves may contain the old concentration. Check the concentration before administering.
 If in doubt, please contact your physician.**

IBUPROFEN (MOTRIN or ADVIL)* DOSING

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

| WEIGHT OR AGE | | INFANT DROPS 50mg/1.25 mL | LIQUID SUSPENSION 100mg/5mL(teaspoon) | | | CHEWABLE TABS/CAPS 100 mg/tab (or caplet) |
|---------------|-----------|---|--|----------|----------|--|
| 6-15 lbs* | 0-5 mos* | * IBUPROFEN SHOULD NOT BE USED IN CHILDREN UNDER THE AGE OF 6 MONTHS | | | | |
| 16-20 lbs | 6-10 mos | 1 1/2 droppersful (1.875 mL 75 mg) | 3/4 teaspoon | 3.75 mL | (75 mg) | |
| 21-25 lbs | 11-20 mos | 2 droppersful (2.5 mL 100mg) | 1 teaspoon | 5 mL | (100mg) | 1 tab/cap |
| 26-30 lbs | 21-30 mos | | 1 1/4 teaspoons | 6.25 mL | (125mg) | 1 tab/cap |
| 31-35 lbs | 3 yrs | | 1 1/2 teaspoons | 7.5 mL | (150mg) | 1 1/2 tabs/caps |
| 36-41 lbs | 4-5 yrs | | 1 3/4 teaspoons | 8.75 mL | (175mg) | 1 1/2 tabs/caps |
| 42-47 lbs | 6 yrs | | 2 teaspoons | 10 mL | (200mg) | 2 tabs/caps |
| 48-53 lbs | 7 yrs | | 2 1/4 teaspoons | 11.25 mL | (225mg) | 2 tabs/caps |
| 54-59 lbs | 8 yrs | | 2 1/2 teaspoons | 12.5 mL | (250mg) | 2 1/2 tabs/caps |
| 60-65 lbs | 9 yrs | | 2 3/4 teaspoons | 13.75 mL | (275mg) | 2 1/2 tabs/caps |
| 66-95 lbs | | | 3 teaspoons | 15.0 mL | (300 mg) | 3 tabs/caps |
| 96 lbs+ | | | 4 teaspoons | 20.0 mL | (400 mg) | 4 tabs/caps |

We have found that generic versions of these medications are as effective as the brand versions 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 the 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 greater than 100.4°F.
- 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 he 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 fever that make you feel an 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 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.