

Children's **TYLENOL**[®]

- The only fever reducer with 0-6 month dosing
- The #1 recommended acetaminophen by Pediatricians*



		Infants' Concentrated Drops	Children's Suspension Liquid	Children's Soft Chews Chewable Tablets	Junior Strength Chewable Tablets
		80 mg/0.8 mL	160 mg/5 mL	80 mg each	160 mg each
Dose		Dropperful	Teaspoon (TSP)	Tablet	Tablet
WEIGHT	AGE				
6-11 lbs.	0-3 mos	0.4mL	----	----	----
12-17 lbs.	4-11 mos	0.8mL	1/2 (TSP)	----	----
18-23 lbs.	12-23 mos	0.8 + 0.4mL	3/4 (TSP)	----	----
24-35 lbs.	2-3 yrs	0.8 + 0.8mL	1 (TSP)	2	----
36-47 lbs.	4-5 yrs	----	1-1/2 (TSP)	3	----
48-59 lbs.	6-8 yrs	----	2 (TSP)	4	2
60-71 lbs.	9-10 mos	----	2-1/2 (TSP)	5	2-1/2
72-95 lbs.	11 yrs	----	3 (TSP)	6	3
96 lbs & over	12 yrs	----	----	----	4

Use only as directed.

NOTE: If possible, use weight to dose; otherwise use age. To arrive at the correct dose, weigh your child before giving TYLENOL[®]. All dosages may be repeated every 4 hours, but not more than 5 times daily.

A healthcare professional should be contacted for dosage for children under the age of two years.

WARNINGS:

- Children's TYLENOL[®] should not be taken for pain for more than 5 days or for fever more than 3 days unless directed by a physician. If pain or fever persists or gets worse, if new symptoms occur, or if redness or swelling is present, a physician should be consulted because these could be signs of a serious condition.
- Do not exceed recommended dose. Taking more than the recommended dose (overdose) may not provide more relief and could cause serious health problems. Keep this and all drugs out of the reach of children. In case of accidental overdose, contact a physician or poison control center immediately. Prompt medical attention is critical even if you do not notice any signs or symptoms.
- Do not use with other products containing acetaminophen.
- Do not use Adult Extra Strength TYLENOL[®] products for children under 12 years of age.

Children's **Motrin**[®]

- Long lasting - Up to 8 hours
- The #1 recommended ibuprofen by Pediatricians*



		Ages 6 mos - 23 mos	Ages 2-11	Ages 2-11	Ages 6-11	Ages 6-11
		Infants' Motrin* Concentrated Drops	Children's Motrin* Suspension	Children's Motrin* Chewable Tablets	Junior Strength Motrin* Chewable Tablets	Junior Strength Motrin* Caplets
		50 mg/1.25 mL	100 mg/5 mL	50 mg	100 mg	100 mg
Dose		Dropperful	Teaspoon (TSP)	Tablet	Tablet	Caplet
WEIGHT	AGE					
Under 6 mos		Consult Your Child's Doctor				
12-17 lbs.	6-11 mos	1 - (1.25mL)	----	----	----	----
18-23 lbs.	12-23 mos	1-1/2 - (1.875mL)	----	----	----	----
24-35 lbs.	2-3 yrs	----	1 (TSP)	2 tablets	----	----
36-47 lbs.	4-5 yrs	----	1-1/2 (TSP)	3 tablets	----	----
48-59 lbs.	6-8 yrs	----	2 (TSP)	4 tablets	2 tablets	2 capsules
60-71 lbs.	9-10 mos	----	2-1/2 (TSP)	5 tablets	2-1/2 tablets	2-1/2 capsules
72-95 lbs.	11 yrs	----	3 (TSP)	6 tablets	3 tablets	3 capsules

One Dose Lasts 6-8 Hours

FEVER PHOBIA: UNDERSTANDING THE MYTHS

Misconceptions about the dangers of fever are commonplace. Unwarranted fears about harmful side effects from fever cause lost sleep and unnecessary stress for many parents. Let the following facts help you put fever into perspective.

MYTH: All fevers are bad for children.

FACT: Fevers turn on the body's immune system. Fevers are one of the body's protective mechanisms. Most fevers are good for children and help the body fight infection. Use the following definitions to help put your child's level of fever into perspective:

100°-102° F (37.8°-38.9° C)	Low-grade fevers are beneficial. Try to keep the fever in this range.
102°-104° F (38.9°-40° C)	Moderate-grade fevers are beneficial.
>104° F (>40° C)	High fevers cause discomfort but are harmless.
>105° F (>40.6° C)	Higher risk of bacterial infections with a very high fever.
>108° F (>42.2° C)	The fever itself can be harmful.

MYTH: Fevers cause brain damage, and fevers over 104° F (40° C) are dangerous.

FACT: Fevers with infections don't cause brain damage. Only body temperatures over 108° F (42.2° C) can cause brain damage. The body temperature only goes this high with high environmental temperatures (e.g., confined in a closed car).

MYTH: Anyone can have a febrile seizure.

FACT: Only 4% of children ever have a febrile seizure.

MYTH: Febrile seizures are harmful.

FACT: Febrile seizures are scary to watch, but they usually stop within 5 minutes. They cause no permanent harm. Children with febrile seizures have no higher incidence for developmental delays, learning disabilities, or seizures without fever.

MYTH: All fevers need to be treated with fever medicine.

FACT: Fevers only need to be treated if they cause discomfort – usually fevers over 102° or 103° F (38.9° or 39.5° C).

MYTH: Without treatment, fevers will keep going higher.

FACT: Fevers from infection top out at 105° or 106° F (40.6° or 41.1° C) or lower, because of the brain's thermostat.

MYTH: With treatment, fevers should come down to normal.

FACT: With treatment, fevers usually come down 2° or 3° F (1°-1.5° C).

MYTH: If the fever doesn't come down (if you can't "break the fever"), the cause is serious.

FACT: Fevers that don't respond to fever medicine can be caused by viruses or bacteria. It doesn't relate to the seriousness of the infection.

MYTH: If the fever is high, the cause is serious.

FACT: If your child looks very sick, the cause is serious.

MYTH: The exact number of the temperature is very important.

FACT: How your child looks is what's important.

MYTH: Temperatures between 98.6° and 100° F (37.0° and 37.8° C) are low-grade fevers.

FACT: The normal temperature changes throughout the day and peaks in the late afternoon and evening.

- A reading of 99.4° F (37.5° C) is just the average rectal temperature. It normally can change from 98.4° F (36.9° C) in the morning to a high of 100.3° F (38.0° C) in the late afternoon.

- A reading of 98.6° F (37° C) is just the average oral temperature. It normally can change from a low of 97.6° F (36.5° C) in the morning to a high of 99.5° F (37.5° C) in the late afternoon.