# Managing high fever at home

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Few days ago at around 1 a.m., one worried and anxious mother called me on my cell phone seeking emergency medical advice for her four year old son. Her little child suddenly developed high fever and temperature measured was 105°F. The mother did not know what to do right away at home.

To lower the temperature rapidly, I advised her to give her child one Paracetamol suppository (a missile shaped capsule that is inserted into the rectum). 20 minutes later, she called me again. The temperature did not fall. Hospital was far away from her home. Moreover, she had no personal transport to reach at hospital in this late night.

I advised her not to be panicked and to remove all the

clothes of the child and start sponging whole body with tepid water. After 20 minutes, she rang me again as there was no drop of temperature yet. I asked her, is there any convulsion? She replied no. The child was well alert. Then I told her to put the baby under shower for few minutes and make him dry with towel and keep him under fan. About half an hour later, she called me with a sigh of relieve. Her child was much better and temperature had come down to 101°F. I recommended her to give him some fluid to drink, especially oral saline and bring the child to me in the morning.

In the next morning, when the mother came to me, I took the thorough history and examined the child carefully and meticulously. There was no sign of serious infection like menin-



gitis (brain infection). Actually, the boy had tonsillitis that caused the fever. Tonsillitis is a common infection in children that causes sore throat, fever, swollen glands in the neck and trouble swallowing.

I assured the mother, prescribed oral antibiotic and

advised her to come back after two days if the symptoms did not improve. This scenario is not very uncommon in our daily practice. So, tepid water sponging and giving Paracetamol orally or suppository into the rectum is the ideal treatment for

It is always better to avoid Diclofenac suppository (a painkiller drug which is wrongly practiced in management of fever in some cases), as it may deteriorate the condition if it is a dengue fever. The most important role of a physician is to exclude any serious life threatening condition that cause fever like meningitis, dengue with bleeding manifestation etc.

If you have a child under five years of old, keep some Paracetamol syrup and suppository for emergency purpose. Don't panic and do what we did for in case of the above child. Keep in touch with your physician. Take care of your child.

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### **NEW GUIDELINE**

## CDC updates guidelines for treatment of gonorrhoea

STAR HEALTH REPORT

The Centers for Disease Control and Prevention (CDC) no longer recommends cefixime as a firstline treatment for gonorrhoea. The change was based on evidence that susceptibility to the drug decreased among U.S. Neisseria gonorrhoeae isolates between 2006 and 2011.

In its 2010 treatment guidelines, the CDC recommended combination therapy with a cephalosporin (ceftriaxone or cefixime) plus oral azithromycin or doxycycline. In an update, published in MMWR, the CDC has changed the guideline to recommend only ceftriaxone (250 mg single intramuscular dose) as the first-line cephalosporin in the combination regimen.

The updated guidelines allow use of cefixime (400 mg single oral dose) if ceftriaxone is not available, and recommend test-of-cure at 1 week for patients treated with cefixime.

Very recently the World Health Organisation (WHO) called for urgent action to limit the spread and impact of drug-resistant Neisseria gonorrhoeae infection, citing reports of emerging resistance to cephalosporin antibiotics - the lastline treatment in gonococcal infection.

Along with proper treatment the WHO's action plan emphasises education and prevention, with special attention to high-risk groups such as sex workers and men who have sex with men, treatment of partners (patients may deliver treatment to their partners) and better surveillance and reporting of drug-resistant cases.

# HEALTH



### Gallstone risk higher among obese teenagers

Teenagers who are overweight or obese are much more likely to develop gallstones, compared with peers of a healthy weight, according to a study published in the Journal of Paediatric Gastroenterology and Nutrition.

It found those who were overweight were twice as likely as those with a healthy weight to have gallstones — the rate was higher among those who were obese.



# risk of heart problems

Shift workers are slightly more at risk of having a heart attack or stroke than day workers, suggests a study published in the British Medical Journal (BMJ). The researchers calculated that shift work was

linked to a 23% increased risk of heart attack, 24% increased risk of coronary event and 5% increased risk of stroke.

# The sugar blocker diet

high temperature.

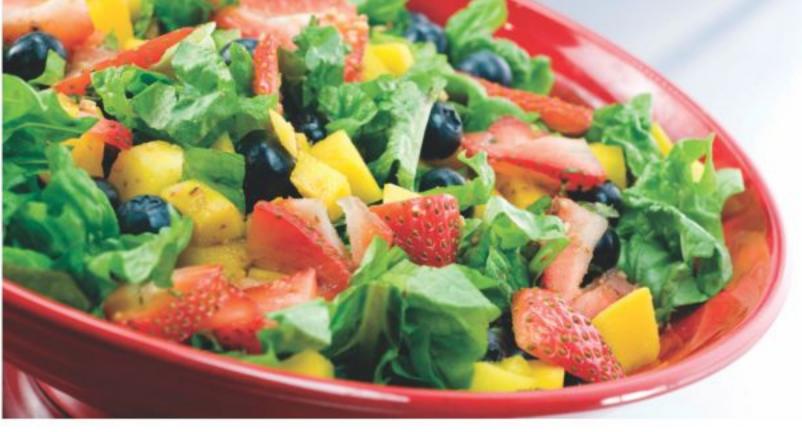
When we consume starch and refined sugar, these foods enter the bloodstream quickly, causing a sugar spike. Our body then produces the hormone insulin to drive that sugar from your bloodstream into cells. Insulin spikes lock fat into them, so you can not use it for energy.

In order to break this cycle and get our body to work optimally again, use these following tips to tap into the power of foods that can naturally slow sugar absorption, so you can keep eating meals you love. Start your meal with a salad

Salad soaks up starch and sugar. Soluble fiber from the pulp of plants - such as beans, tomato, carrots, apples, and oranges swells like a sponge in your intestines and traps starch and sugar in the niches between its molecules and absorbs it into our bloodstream slowly, so our body needs less insulin to handle it.

#### Include protein with your meal

Even though protein contains no glucose, it triggers a first-phase insulin response that occurs so fast, it keeps your blood sugar from



rising as high later — and reduces the total amount of insulin you need to handle a meal.

#### Nosh on lightly cooked vegetables

Boiling vegetables until they are limp and soggy saturates the soluble fiber, filling it with water so it can not absorb the sugar and starch you want it to.

#### Save sweets for dessert only

If you eat sweets on an empty stomach, there is nothing to impede the sugar from racing directly into your bloodstream — no fat, no soluble fiber, no protein, no vinegar. But if

you confine sweets to the end of the meal, you have all of the builtin protection the preceding rules provide.

#### Bonus sugar blocker: move your body

There are other ways of blunting sugar spikes, and exercise is one of the best. Your muscle cells are by far the biggest users of glucose in your body and the target of most of the insulin you make. So to reduce sugar spikes, try going for a walk after eating.

...... Source: http://www.prevention.com

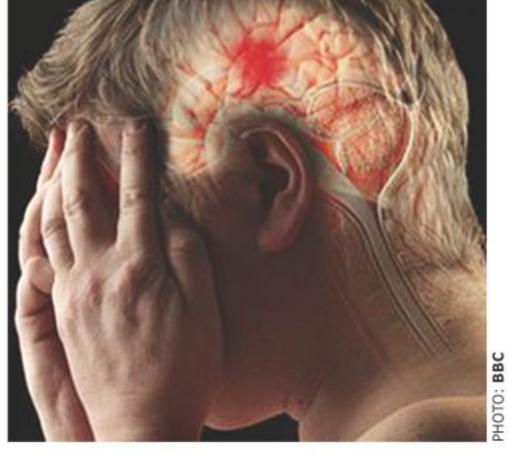
### If your child develops food poisoning If your child develops a bad case of food poisoning, it can take a few days before s/he feels better. Parents

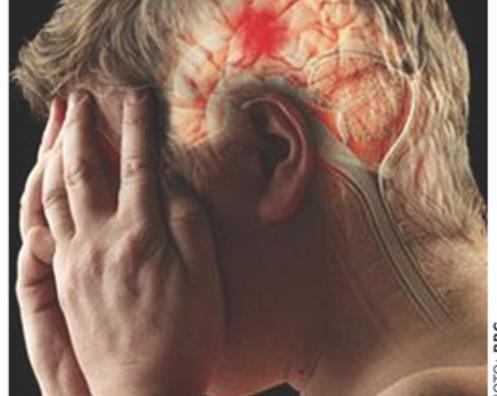
may find the following tips helpful in such cases of

food poisoning: ·Encourage lots of rest.

**HEALTH TIPS** 

- •Offer plenty of fluids to help prevent dehydration. Electrolyte solutions and most beverages are fine, but avoid caffeine or milk.
- •Have your child take frequent but small sips of fluids.
- •Skip dairy products and solid foods until any diarrhea has subsided.
- •Don't give the child any over-the-counter antidiarrheal medications. Such medicines can actually prolong symptoms.
- •Once major symptoms subside, offer small amounts of low-fat, bland foods for several days.





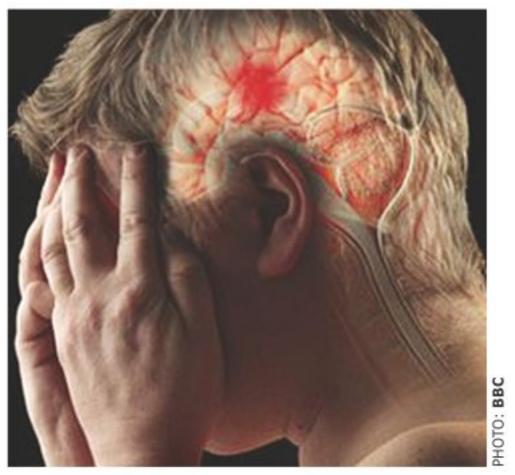


#### Clot nets help stroke recovery Shift work link to increased Using small nets to extract blood clots from patients' brains may

be the future of stroke care, according to two studies published in the Lancet medical journal.

Clots block blood vessels, starving parts of the brain of oxygen, which leads to symptoms of stroke such as paralysis and loss of speech. The conventional clot-busting drugs only partially reopen 40% of large blocked arteries. These new devices partially reopen 70-90% of large blocked arteries.

"These devices can be used in patients in whom it is not safe to give 'clot busting' drugs, patients who had recent surgery, and patients who are between 4.5 to eight hours after stroke onset", says researchers.



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