

# 發燒的處置與建議

## Treatment and Suggestions for Fever

### 一、認識發燒：

#### I. Acquaintance with Fever:

發燒的定義為身體內部的中心體溫  $\geq 38^{\circ}\text{C}$ ，人體生病引起的發炎反應會讓體溫的定位點提高，所以造成發燒現象。一開始發燒的時候，小孩可能會覺得冷、四肢冰冷，這是體溫設定點提高的結果。一旦體溫提高到設定點之後，四肢變成溫熱，也不會有明顯怕冷的感覺。過一段時間或使用退燒藥以後，體溫定位點下降，小孩可能會覺得熱，並開始流汗退燒。

Fever is defined as the central body temperature inside the body  $\geq 38^{\circ}\text{C}$ . The inflammation reaction induced by illness in human body will increase the body temperature set-point and results in fever. Once children start to have fever, they could feel cold and generally cold in limbs because the body temperature set-point has risen. Once the body temperature has risen to the set-point, the limbs become warm and will not have significant perception of coldness. After some period of time or use of antipyretic, the body temperature set-point drops and then the children could feel hot and start to sweat and reduce fever.

### 二、發燒的影響：

#### II. Impact of Fever:

適度發燒可以提升免疫系統的效能，有研究顯示退燒藥會壓抑免疫反應，反而可能延緩疾病的康復。人體對發炎反應引起的發燒有調控機制，所以一般不會超過  $41^{\circ}\text{C}$ 。有些家長會擔心如果沒有積極退燒，小孩體溫可能一直往上飆高，其實人體的體溫調控機制不會讓體溫無限上升。坊間小孩腦子燒壞的傳說，都是因為那些小孩罹患了腦炎、腦膜炎等疾病而留下神經後遺症，與發燒無直接因果關係。

Some fever can enhance the performance of immune system. Some studies show that antipyretic could suppress the immune reaction and could in contrary delay disease recovery. Human body has modulating mechanism for fever triggered by inflammation and in general will not exceed  $41^{\circ}\text{C}$ . Some parents worry that the body temperature of children could continue to rise without taking active measures in fever reduction. In fact, the body temperature modulation mechanism will not keep the body temperature to rise without limit. The urban legend has that some children's brain could burn out because they suffer from

encephalitis and meningitis, leaving neurodevelopmental sequelae, which is not a direct result from fever.

三、退燒的時機：

III. Timing for Fever Reduction:

如果體溫沒有太高也沒有引起特殊不舒服，並不需要積極退燒，尤其體溫沒超過 39°C 的時候。

If the body temperature is not too high or causing particular discomfort, fever reduction is not necessary, particularly when the body temperature has not exceeded 39°C.

四、退燒的方法：

VI. Methods for Fever Reduction:

冰枕、溫水拭浴等物理退燒法，並不會改變發炎反應引起體溫定位點的異常上升現象，所以不會有退燒效果，反而可能造成發燒兒童額外的代謝負擔，單純注射點滴也沒有退燒效果。衣服穿太多、中暑等體溫定位點正常而只是產熱與散熱失調的情形，或使用退燒藥以後開始散熱流汗的時候，使用物理退燒法才有些幫助。各種退燒藥物中，除了阿斯匹靈不可用於 18 歲以下兒童之外，其他口服與塞劑均可於必要時適量使用。

Ice pillow and bathing in lukewarm water as well as other physical fever reduction methods will not change the abnormal rise of body temperature set-point induced by inflammation, therefore there the fever reduction effect is not only limited but could more likely cause additional metabolic burden on children in fever. Pure drip infusion will not reduce fever. Wearing too much cloth and heat stroke with normal body temperature set-point only involves instability in heat production and heat dissipation. Such physical fever reduction method will only help when children start to dissipate and sweat after taking antipyretic. Among the various fever reducing medicine, except for aspirin that could not be used on children under 18 years old, all other oral medicine and suppositories can be taken with moderate amount when necessary.

五、後續的處理：

V. Subsequent Treatment:

一些民眾認為吃退燒藥以後如果又燒起來，就表示醫師開的藥沒有效，所以會去找其他醫師，造成醫療的浪費。事實上，各種退燒藥的效果都只能維持幾個小時，其目的在帶給兒童短暫的舒適。如果疾病的過程還沒結束，退燒以後又燒起來是很常見的事情。常見的呼吸道或腸胃道病毒感染，其中有些感染可能持續發燒達一週或甚至更久。家長

必須注意有無第 4 項所列的危險病徵，並持續遵從醫囑追蹤治療。

Some people perceive that the medicine prescribed by the physician is not working if they have a fever again after taking antipyretic, and they would go to another physician, resulting in medical waste. In fact, the effect of different antipyretic can only sustain few hours, with the purpose of only to provide temporary comfort for children. It is common to have repeated fever if the disease course has not finished. Among the common respiratory tract of gastrointestinal tract virus infection, some infections could continue for one week or even longer. Parents need to pay attention for any critical symptoms listed in IV and continue to comply with medical order for follow-up treatment.

六、危險的病徵：

#### **VI. Critical Symptoms:**

發燒的有無、體溫的高低都不一定能代表疾病嚴重度，兒童生病時，重要的是觀察有無重症的危險病徵。無論有無發燒，如果兒童出現下列情形，宜儘速至兒科專科醫師處診治：

Fever or not, and the degree of body temperature do not necessarily represent the gravity of disease. Children, when being sick, need to be observed with dangerous symptoms of critical illness. Regardless of fever, children must seek for treatment from pediatrician as soon as possible in case of the following situations:

※三個月以下嬰兒出現發燒

※Fever in babies aged under three months

※尿量大幅減少

※Substantial reduction of urination

※哭泣時沒有眼淚

※No tears when crying

※意識不清，持續昏睡、未發燒時躁動不安、眼神呆滯

※ Unconscious, continuous drowsiness, anxiety when not in fever, glazed eyes

※痙攣、肌抽躍、肢體麻痺、感覺異常

※Seizure, Myoclonic jerks, general numbness, abnormal sensation.

※持續頭痛與嘔吐

※Continuous headache and vomiting.

※頸部僵硬

※Stiff neck.

※咳痰有血絲

※Blood in sputum.

※呼吸暫停、未發燒時呼吸急促、呼吸困難、吸氣時胸壁凹陷

※Temporary breathe suspension, hyperventilation when not in fever, difficulty with breathing, inhaling with funnel chest.

※心跳速度太慢、心跳不規則

※Slow heartbeat, irregular heartbeats.

※無法正常活動，例如不能爬樓梯、走小段路會很喘

※Inability to move normally such as climbing up the stairs or panting after a small walk.

※皮膚出現紫斑

※Purple-colored spots on the skin

※嘴唇、手指、腳趾發黑


※Black mouth, fingers and toenail.

參考資料：

台灣兒科醫學會 [pediatr@www.pediatr.org.tw](mailto:pediatr@www.pediatr.org.tw)

衛生福利部國民健康署編印之兒童健康手冊

若您想對以上的內容進一步了解，請洽諮詢電話：05-2756000 轉 40 病房分機 4001、4002

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