

Herpangina

What is herpangina?

Herpangina is a viral infection of the back of the mouth.

The main symptoms include:

- Sore throat and pain with swallowing
- Fever for 2 to 3 days
- Small ulcers (2 to 3 mm) surrounded by a red ring on the roof of the mouth and near the tonsils. There are no ulcers in the front of the mouth or on the gums. The average child has 5 of these ulcers, though there can be more.

What is the cause?

Herpangina is caused by several Coxsackie A viruses. A person can have herpangina up to 5 times.

How long does it last?

The sore throat and ulcers usually last 5 to 7 days.

How can I take care of my child?

- **Throat pain relief**

Children over age 1 can sip warm chicken broth or apple juice. Children over age 4 can suck on hard candy (butterscotch seems to be a soothing flavor) or lollipops. Children over age 6 can gargle with warm water containing a little table salt or antacid solution.

- **Diet**

Offer a soft, bland diet to reduce the pain. Cold drinks and milkshakes are especially good. Do not give your child salty foods, citrus fruits, or foods that need much chewing. Encourage your child to drink favorite fluids to prevent dehydration. For very young children, give fluids by cup rather than from a bottle because the nipple can increase the pain.

- **Fever and pain relief**

Give your child acetaminophen (Tylenol) or ibuprofen (Advil) for the sore throat or for a fever over 102°F (39°C).

- **Common mistakes to avoid**

Avoid expensive throat sprays or throat lozenges. Not only are they no more effective than hard candy, but many also contain an ingredient (benzocaine) that may cause an allergic reaction.

Antibiotics will not help a viral infection.

When should I call my child's healthcare provider?

Call during office hours if:

- The pain becomes severe.
- Your child can't drink enough fluids.
- The ulcers last longer than 10 days.
- Your child develops a fever that lasts for 3 days.
- You feel your child is getting worse.

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This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Acetaminophen Dosing Chart

Acetaminophen (Tylenol) is available without a prescription. Determine the correct dosage by finding your child's weight in the table. You may repeat the dosage every 4 to 6 hours as needed. Do not give acetaminophen more than 5 times a day. Do not use acetaminophen in children under 3 months of age. If your infant has a fever during the first 12 weeks of life, see your child's healthcare provider immediately.

Weight	6 to 11 lb	12 to 17 lb	18 to 23 lb	24 to 35 lb	36 to 55 lb	56 to 83 lb	84 to 111 lb	112+ lb
Milligram dosage	40 mg	80 mg	120 mg	160 mg	240 mg	325 mg	480 mg	650 mg
Liquid 160 mg / 5 mL	1.25 mL	2.5 mL	3.75 mL	5 mL	7.5 mL			
Chewable tablets 80 mg each			1 ½ tablets	2 tablets	3 tablets	4 tablets	6 tablets	8 tablets
Junior strength tablets 160 mg each				1 tablet	1 ½ tablets	2 tablets	3 tablets	4 tablets
Adult strength tablets 325 mg each						1 tablet	1 ½ tablets	2 tablets

MEASURING the DOSAGE: Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, medicine syringes are available at pharmacies. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Remember that 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL.

Suppositories: Acetaminophen is also available as a rectal suppository in 120-mg, 325-mg, and 650-mg dosages. Suppositories are useful if a child with a fever is vomiting often or having seizures caused by the fever. Use the same dose as listed above for the suppository. Most suppositories can be cut (for example, cut in half) to supply the right dose for your child's weight.

Alternating Acetaminophen and Ibuprofen: Alternating acetaminophen and ibuprofen is generally not recommended. It can lead to dosage errors and poisoning. If instructed by your healthcare provider to alternate ibuprofen and acetaminophen, alternate doses of ibuprofen and acetaminophen every 4 hours (not every 3 hours). Alternate medicines for only 24 hours or less, then return to giving a single product.

Avoid Aspirin: Children (through age 21 years) should not take aspirin, especially if they have chickenpox or influenza (any cold, cough, or sore throat symptoms) because of the link to Reye's syndrome, a severe encephalitis-like illness.

Ibuprofen Dosing Chart

Determine the correct dosage by finding your child's weight in the table. You may repeat the dosage every 6 to 8 hours as needed. Do not give ibuprofen to children under 6 months of age.

Weight	12 to 17 lb	18 to 23 lb	24 to 35 lb	36 to 47 lb	48 to 59 lb	60 to 71 lb	72 to 95 lb	96+ lb
Milligram dosage	50 mg	75 mg	100 mg	150 mg	200 mg	250 mg	300 mg	400 mg
Drops 50 mg / 1.25 mL	1.25 mL	1.875 mL	2.5 mL	3.75 mL	5 mL			
Children's liquid 100 mg/5mL	2.5 mL	3.75 mL	5 mL	7.5 mL	10 mL	12.5 mL	15 mL	20 mL
Chewable tablets			2 tablets	3 tablets	4 tablets	5 tablets	6 tablets	8 tablets
Junior strength tablets 100 mg each					2 tablets	2 ½ tablets	3 tablets	4 tablets
Adult strength tablets 200 mg each					1 tablet	1 tablet	1 ½ tablets	2 tablets

MEASURING the DOSAGE: Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, medicine syringes are available at pharmacies. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Remember that 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL. Always read and follow the label. Never give adult medicines to children. Use only the dosing device that comes with the product.

Alternating Acetaminophen and Ibuprofen: Alternating acetaminophen and ibuprofen is generally not recommended. It can lead to dosage errors and poisoning. If instructed by your healthcare provider to alternate ibuprofen and acetaminophen, alternate doses of ibuprofen and acetaminophen every 4 hours (not every 3 hours). Alternate medicines for only 24 hours or less, then return to giving a single product.

Avoid Aspirin: Children (through age 21 years) should not take aspirin, especially if they have chickenpox or influenza (any cold, cough, or sore throat symptoms) because of the link to Reye's syndrome, a severe encephalitis-like illness.

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