

OTC Allergy Medication Dosage

Diphenhydramine (Benadryl)

Products labeled "allergy plus cold" or "allergy plus sinus" are not recommended for children under the age of 6, as they contain additional medications. Always use the measuring device packaged with the liquid medication; do not substitute another measuring device.

Children's Liquid: 12.5 mg/ 5 mL = 12.5 mg/1 tsp

Children's chewables or FastMelt tablets: 12.5 mg each

Adult tablets or capsules or Quick Dissolve Strips: 25 mg each

Indication: Give for hives, allergic reaction, itching or seasonal allergy symptoms.

Not recommended as a sleep aid or for relief of cold symptoms.

Not recommended under the age of 1 without supervision of a doctor.

Timing: You may give a dose of diphenhydramine (Benadryl) every 6 hours as needed.

Weight	Liquid	Chewable Tablets	Tablets/Strips
17-21 lbs	3/4 tsp = 3.75 mL		
22-32 lbs	1 tsp = 5 mL	1 chew	
33-42 lbs	1 1/2 tsp = 7.5 mL	1 1/2 chews	
43-53 lbs	2 tsp = 10 mL	2 chews	1 tablet
54-64 lbs	2 1/2 tsp = 12.5 mL	2 1/2 chews	
65-75 lbs	3 tsp = 15 mL	3 chews	
76-86 lbs	3 1/2 tsp = 17.5 mL	3 1/2 chews	
> 86 lbs	4 tsp = 20 mL	4 chews	2 tablets

Cetirizine (Zyrtec)

Products labeled "D" or "plus decongestant" are not recommended for children under the age of 6, as they contain additional medications. In addition, chewables and tablets may come in different doses. Read packages carefully to determine the specific dose in each chewable or tablet. Always use the measuring device packaged with the liquid medication; do not substitute another measuring device.

Children's liquid: 5 mg/5 mL = 5 mg/1 tsp

Children's chewables: 5 mg OR 10 mg each

Adult tablets or liquid gels: 5 mg OR 10 mg each

Indication: Give for hives, itching, or seasonal allergy symptoms.

Not recommended as a sleep aid or for the relief of cold symptoms.

Not recommended under the age of 6 months

Timing: You may give a dose of cetirizine (Zyrtec) either once or twice daily, as indicated below.

Cetirizine (Zyrtec) continued:

Age	Liquid	5 mg Chew/Tabs	10 mg Chew/ Tabs
6-11 months	1/2 tsp = 2.5 mL daily		
12-23 months	1/2 tsp = 2.5 mL twice daily		
2-5 years	1 tsp daily	1 daily	
6-11 years	1 tsp daily, may increase to 2 tsp daily if needed	1 daily, may increase to 2 daily if needed	1 daily
12 + years	2 tsp daily	2 daily	1 daily

Loratadine (Claritin)

Products labeled "D" or "plus decongestant" are not recommended for children under the age of 6, as they contain additional medications. In addition, chewables and tablets may come in different doses. Read packages carefully to determine the specific dose in each chewable or tablet. Always use the measuring device packaged with the liquid medication; do not substitute another measuring device.

Children's liquid: 5 mg/5 mL = 5 mg/1 tsp

Children's chewables or Reditabs: 5 mg OR 10 mg each

Adult tablets, capsules or Reditabs: 5 mg OR 10 mg each

Indication: Give for hives or allergy symptoms.
Not recommended for the relief of cold symptoms.
Not recommended under the age of 2 years

Timing: You may give a dose of loratadine (Claritin) once daily.

Age	Liquid	5 mg Chew/Tabs	10mg Chew/Tabs
2-5 years	1 tsp	1 chewable daily	
6 + years	2 tsp	2 chewables	1 chewable

Acetaminophen(Tylenol)

Products labeled “cold,” “cold and sinus,” “multisymptom,” or “PM” are not recommended for children under the age of 6, as they contain additional medications. Products may come in different doses. Read packages carefully to determine the specific concentration of liquids and/or the specific dose in each chewable or tablet. Always use the measuring device packaged with the liquid medication; do not substitute another measuring device.

Concentrated infants’ drops:	80 mg/0.8 mL
Children’s liquid:	160 mg/5 mL = 160 mg/1 tsp
Children’s Meltaway/chewables (age 2-5):	80 mg each
Junior Meltaway/chewables (age 6-11):	160 mg each
Adult regular strength tablets/caplets/capsules:	325 mg each
Adult extra strength tablets/caplets/capsules:	500 mg each

Indication: Give for fever or pain.
Not recommended for relief of cold symptoms.
Not recommended under the age of 3 months without a doctor’s supervision.

Timing: You may give a dose of acetaminophen (Tylenol) every 4-6 hours.
Maximum number of doses in a 24 hour period: 5

Weight	Liquid	80 mg chews	160 mg chews	325 mg tabs
6-11 lbs	¼ tsp = 1.25ml			
12-17 lbs	½ tsp = 2.5 mL			
18-23 lbs	¾ tsp = 3.75 mL			
24-35 lbs	1 tsp = 5 mL	2 chews	1 chew	
36-47 lbs	1½ tsp = 7.5 mL	3 chews	1 ½ chews	
48-59 lbs	2 tsp = 10 mL	4 chews	2 chews	1 tablet
60-71 lbs	2½ tsp = 12.5 mL	5 chews	2 ½ chews	
72-95 lbs	3 tsp = 15 mL	6 chews	3 chews	
> 95 lbs	4 tsp = 20 mL	8 chews	4 chews	2 tablets

Ibuprofen(Motrin, Advil)

Products labeled "cold," "cold and sinus," "multisymptom," or "PM" are not recommended for children under the age of 6, as they contain additional medications. Products may come in different doses. Read packages carefully to determine the specific concentration of liquids and/or the specific dose in each chewable or tablet. Always use the measuring device packaged with the liquid medication; do not substitute another measuring device.

Concentrated infants' drops:	50 mg/1.25 mL
Children's liquid:	100 mg/5 mL = 100 mg/1 tsp
Junior strength chewables:	100 mg each
Junior strength caplets:	100 mg each
Adult tablets or caplets:	200 mg each

Indication: Give for fever or pain.
Not recommended for relief of cold symptoms.
Not recommended for children under the age of 6 months.

Timing: You may give a dose of ibuprofen (Motrin, Advil) every 6-8 hours.
Maximum number of doses in a 24 hour period: 4

Weight	Drops	Liquid	Chewable/caplet	Adult Tablets
12-17 lbs	1.25 mL	½ tsp = 2.5 mL		
18-23 lbs	1.875 mL	¾ tsp = 3.75 mL		
24-35 lbs	2.5 mL (1.25 x 2)	1 tsp = 5 mL	1 chew/cap	
36-47 lbs	3.75 mL (1.875 x 2)	1 ½ tsp = 7.5 mL	1 ½ chews/caps	
48-59 lbs		2 tsp = 10 mL	2 chews/caps	1 adult tablet
60-71 lbs		2 ½ tsp = 12.5 mL	2 ½ chews/caps	
72-95 lbs		3 tsp = 15 mL	3 chews/caps	
>95 lbs		4 tsp = 20 mL	4 chews/caps	2 adult tablets

Fever Myths and Facts

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 between 100°F and 104°F (38°C to 40°C) are good for sick children and help the body fight infection. The exception is babies less than 3 months of age. They should be seen by a healthcare provider right away.

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

FACT: Fevers with infections don't cause brain damage. Only body temperatures over 108°F (42°C) can cause brain damage. The body temperature goes this high only with extreme environmental temperatures (for example, if a child is confined in a closed car in hot weather).

MYTH: Anyone can have a febrile seizure (seizure triggered by fever).

FACT: Only 4% of children have a febrile seizures.

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 who have had febrile seizures do not have a greater risk for developmental delays, learning disabilities, or seizures without fever.

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

FACT: Fevers need to be treated only if they cause discomfort. Usually that means fevers over 102°F or 103°F (39°C or 39.4°C).

MYTH: Without treatment, fevers will keep going higher.

FACT: Wrong. Because the brain has a thermostat, fevers from infection usually top out at 103°F to 104°F (39.4°C to 40°C).

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

FACT: With treatment, fevers usually come down 2° or 3°F (1.1° or 1.7°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. Whether the medicine works or not doesn't relate to the seriousness of the infection. How your child looks is what's important.

MYTH: Once the fever comes down with medicines, it should stay down.

FACT: The fever will normally last for 2 or 3 days with most viral infections. Therefore, when the fever medicine wears off, the fever will return and need to be treated again. The fever will go away and not return once your child's body overpowers the virus (usually by the fourth day).

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

FACT: If the fever is high, the cause may or may not be serious. If your child looks very sick, the cause is more likely to be serious.

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

FACT: How your child looks is what's important, not the exact temperature.

MYTH: Temperatures between 98.7°F and 100°F (37.1°C to 37.8°C) are low-grade fevers.

FACT: These temperatures are normal variations. The body's temperature normally changes throughout the day. It peaks in the late afternoon and evening. A actual low-grade fever is 100°F to 102°F (37.8°C to 39°C).

MYTH: Feed a cold, starve a fever.

FACT: This old saying should be ignored. Fevers cause the body to lose fluids through sweating and breathing. Children with fevers need extra fluids. Children with a fever may or may not be hungry for food. If they are hungry, offer the food that they choose. It is helpful to do so.

Summary: remember that fever is fighting off your child's infection.