

Are we confident that we all share a common understanding of discomfort in febrile children?

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We are pleased that Verd et al. have taken the time to read and acknowledge the value of our interventional study on fever management among final year medical students [1,2].

As members of the academic community, we strongly advocate for the dissemination of evidence-based information to future healthcare professionals. It is crucial to prioritize teaching students the current consensus based on international guidelines and recent research findings rather than relying on individual opinions. However, from the comment by Verd et al.'s, it appears that the authors may not be fully informed about recent evidence regarding the effects of antipyretics on febrile children and the international guidelines on the management of pediatric fever. For instance, a recent observational study conducted by some of us suggested that paracetamol not only significantly reduces body temperature but also provides relief from discomfort in febrile children [3]. The prevailing consensus among worldwide guidelines underscores the importance of treating fever based on the presence of discomfort, rather than a predetermined body temperature threshold [3]. This topic was a focal point in our study [1].

Furthermore, we appreciate Verd et al.'s comment for drawing attention to the concept of child discomfort. We believe that the assessment of this condition warrants further attention. Are physicians, nurses, and caregivers aligned in their understanding and interpretation of the concept of discomfort in childhood? We posit that additional studies are necessary to explore and elucidate the

assessment of discomfort in febrile patients, particularly in infants, as this area holds promising potential for enhancing our comprehension of pediatric fever management. We advocate for comprehensive investigations employing both quantitative and qualitative study designs.

In conclusion, we value Verd et al.'s contribution to the ongoing discourse surrounding antipyretic use in pediatric care. Their letter might serve as a reminder that scientific progress and teaching are an iterative process, constantly evolving with new discoveries and insights. This process should consider international recommendations, include updated evidence, and involve, in our opinion, healthcare students to advance our understanding and day to day management of pediatric fever.

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