

Emergency Department Online

FEVER IN CHILDREN UNDER 5

Information and advice for parents and carers

Fever is part of the body's natural response to infection and does not necessarily mean something serious is wrong. In this advice leaflet, we explain how the traffic light scoring system can help parents and carers of children under the age of 5 care for their child with a fever.

What is a fever?

A fever is a high temperature; defined as 38°C (100.4°F) or higher. It's very common in young children and is usually a sign that the body is fighting an infection. Fevers can be caused by both viral and bacterial infections, although viruses are far more common in young children.

What causes fever?

Fevers are often caused by common illnesses, including:

- Viral respiratory tract infections such as the common cold, the flu, bronchiolitis and COVID
- Ear infections
- Tonsillitis
- Urinary tract infections (UTIs)
- Common childhood illnesses such as chicken pox
- Fever after vaccinations (especially in the first 48 hours after your child's vaccination)

More rarely, fever can be a sign of serious conditions, such as meningitis or sepsis. That's why it's important to observe other symptoms and follow the guidance in this leaflet.

How to check your child's temperature

If your child feels hot, flushed or unusually irritable or sleepy, check their temperature.

- Use a digital thermometer under the armpit. These are cheap and readily available from your local pharmacy. Avoid non-contact forehead thermometers, as they can be unreliable.

Viral illnesses

Viral infections are more common than bacterial infections and they get better on their own without the need for antibiotics.

Symptoms such as a runny nose, cough, wheeze, sore throat, red eyes and diarrhoea are more suggestive of a viral illness. Viral infections can be easily spread and may affect more than one person in the household.

Your child's fever should start to settle after 2-3 days, followed by a gradual improvement in symptoms. You should seek medical input if your child becomes more unwell after a period of initial improvement.

When to seek medical advice

RED ZONE

You should go to your nearest Emergency Department or phone 999 if your child:

- Becomes pale or mottled and feels abnormally cold to touch
- Is going blue around the lips
- Has severe breathing difficulty - too breathless to talk / eat / drink or has indrawing of the skin between the rib spaces
- If their breathing stops or pauses
- Has a fit/seizure
- Has a stiff neck or is bothered by light
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (see the 'Glass Test' below)
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features)

AMBER ZONE

You should contact your GP or call NHS 111 today if your child:

- Is finding it hard to breathe
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down
- Appears dehydrated (drowsy, sunken eyes, dry mouth, no tears, not drinking or not passing urine for the past 8 hours)
- Feeding less than 50% of their usual amount (in babies)
- Has extreme shivering or complains of muscle pain
- Has a fever of 38C or above that lasts more than 5 days
- Is 3-6 months old with a temperature 39°C or above (unless fever in the 48 hours following vaccinations and no other red or amber features)
- Not using or putting weight on an arm, leg, hand or foot
- Is getting worse, and you are worried

GREEN ZONE

- You can usually care for your child safely at home if they have no signs of serious illness, as detailed in the RED and AMBER sections in this leaflet
- If your child is alert and playful and appears otherwise well, it is less likely they're seriously ill

Looking after your child at home

Keep a close eye on your child during the day and at nighttime, and follow the advice in this leaflet:

- Keep the room cool (around 18°C) and ventilated
- Encourage fluid intake even if they do not appear thirsty, as it is important to keep your child well-hydrated
- If your baby is breastfed, continue breastfeeding
- Offer food if they're hungry, but don't worry if appetite is reduced
- Avoid over, or under-dressing your child in response to fever
- Don't sponge your child down or use fans to control their fever

What medicines to use

You can give paracetamol or ibuprofen if your child seems distressed or in pain:

- Do not give both at the same time. Offer one first and then wait 2–3 hours before switching to the other if needed
- Use the doses and frequency recommended on the medicine label
- Do not give ibuprofen to a child with asthma without speaking with your doctor first
- Do not give aspirin to a child under the age of 16
- Do not give paracetamol under 2 months or ibuprofen under 3 months (or 5kg) without advice from your doctor

The glass test for rashes

If your child has a rash:

- Press the side of a clear glass firmly against the rash
- If the rash doesn't fade (non-blanching), it could be serious
- Seek medical help immediately



On darker skin, check lighter areas like the palms of the hands, soles of the feet and tummy

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When to keep your child off school / nursery

Keep a close eye on your child during the day and at nighttime, and follow the advice in this leaflet:

- Keep them off nursery/school if they have a fever and are unwell
- Children can usually return when they feel better. Speak with your doctor for specific advice relating to your child's diagnosis.
- Children with diarrhoea and vomiting should stay home until at least 48 hours after their symptoms have resolved

Other useful resources



High temperature (fever) in children | NHS | <https://www.nhs.uk/conditions/fever-in-children/>



Self-help guide: Fever in babies | NHS Scotland | <https://www.nhsinform.scot/self-help-guides/self-help-guide-fever-in-babies>

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