

Fever in children under 5 years



This advice is intended for parents or carers taking their child home after consulting a doctor. Your doctor may recommend different treatments depending on your child's condition.

Fever in Children Under 5

This advice is for parent and carers of children younger than 5 years who have a fever where we may not know the cause.

About fever in children

- Your child has a fever if they have a temperature of 38°C or more.
- Fever is common in children and suggests that your child may have an infection.
- Most children with a fever do get better very quickly but some children can get worse.
- You need to regularly check your child during the day and through the night and follow the advice given below.

What causes fever in children?

- The most common reason for your child to have a fever is a viral infection. Viral infections usually get better on their own and do not need treatment.
- Some fevers are caused by bacterial infections. Antibiotics can be needed to treat bacterial infections.
- Fever can also be common up to 48 hours after some childhood immunisations.
- Fever can sometimes be due to an inflammatory disorder and is not caused by infection.

How can I look after my child?

- It is important to give your child plenty of fluids (drinks). If your child is still breast feeding, the best way to do this is with frequent breast feeds.
- If your child is vomiting (being sick), give them small drinks often. This should be milk (breast or formula) in infants under 6 months of age. If your child is older but is not eating, make sure they have some sugary drinks.
- Watch your child for signs of dehydration. See the amber section of the table below 'When Should I get Help' for signs of dehydration in your child.
- To get medical advice call your GP or phone NHS 24
- Do not under or over wrap your child with clothes or blankets, dress them as you would normally.
- Your child should not go to school or nursery while they have a fever. You should also let your school or nursery know about your child's fever.
- Do not try to bring your child's fever down with tepid (cool) sponging or fans.

Which medicines can I use?


- If your child is distressed with their fever, you can consider giving them paracetamol (Calpol) or ibuprofen. Give one medicine at a time. If your child has not improved after 2-3 hours you can consider giving the other medicine.
- Some children should not have ibuprofen, for example, children with chicken pox. If you don't know whether you should give your child ibuprofen, ask your doctor.
- Follow the instructions on the medicine bottle to know how much to give and how often.
- If your child has had too much medicine or takes it too often it can be harmful.
- Call NHS 24 if you think your child has taken too much medicine.
- Do not give paracetamol or ibuprofen to babies under three months of age unless your doctor or health professional has told you to. (for example – after some immunisations)
- Ask your local pharmacist if you need more help and advice about medicines for your child



How long can a fever last?

- Most fevers caused by a viral infection will get better after 2-3 days. Symptoms should gradually improve
- However, how long a fever lasts will depend on what is causing the fever

When should I get help?

Use this table to help you know what to do if your child is unwell

 <p>RED</p>	<p>If your child has any of these signs:</p> <ul style="list-style-type: none"> • Your child is pale, mottled (blotchy) skin or feels cold to touch • Your child has blue lips • Your child is finding it very hard to breathe – your child is grunting, or your child is too breathless to talk, eat or drink • Your child has a fit or seizure • Your child is not responding to you, your child is hard to wake up or your child cannot stay awake • Your child has a weak, high-pitched or constant cry • Your child has a rash that does not go away when you press on it (see 'The Glass Test' below) • Your child has a severe headache that doesn't go away, your child has neck stiffness (doesn't want to move their head) and, or your child has a bulging 'soft spot' • Your child is under 3 months of age with a fever of 38°C or above (unless they have had their immunisations in the last 48 hours and they have no other red or amber features) 	<p>You need help now</p> <p>Go to the nearest Hospital Emergency Department or phone 999</p>
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 <p>AMBER</p>	<p>If your child has any of these signs:</p> <ul style="list-style-type: none"> • Your child is finding it hard to breathe - you can see their ribs or tummy moving while they are breathing. • Your child has signs of dehydration including: sunken eyes, dry mouth, no tears when crying or has not passed urine (had a wee) for 12 hours. In babies the 'soft spot' on their head may be sunken • Your child has swelling of an arm or leg or joint • Your child finds it too painful to stand up on their own • Your child is drowsy (very sleepy), your child does not want to play or is irritable – especially if your child is still like this after their fever settles • Your child is shivering a lot or has muscle pain. • Your child has a fever of 38.0°C or above for more than 5 days • Your child is 3-6 months of age with a fever of 39°C or above • Your child was starting to improve, and the fever settled, but the fever returns within the same illness • Your child has a fever within 2 days of stopping antibiotics • Your child seems to be getting worse, or you are worried 	<p>You should speak to a doctor or nurse today Call your GP surgery or NHS 24 - dial 111</p>
 <p>GREEN</p>	<p>If your child has none of the above signs.</p>	<p>Self-care You can keep looking after your child at home. If you are still concerned call NHS 24 – dial 111</p>

Rashes and Fever – The Glass Test



(Photo and 'Glass Test' courtesy of the Meningitis Research Foundation 2013)

Information from Meningitis Research Foundation

<https://www.meningitis.org/blogs/what-is-the-meningitis-rash>

Many people are familiar with the so-called “tumbler test” or “glass test”, whereby a glass or other clear surface is pressed onto the rash. If it disappears when pressed, this is known as a **blanching** rash. The meningitis “rash” can start as a blanching rash, but nearly always develops into a **non-blanching** red, purple or brownish petechial rash or purpura, meaning it will not disappear when pressed.

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