

# Fever advice for children and young people

## What is a fever?

A fever (also known as pyrexia) is a high temperature and is quite common in children and young people. Your child's body temperature is normally between 36°C and 37°C but measurements of between 35.5°C and 37.5°C are also common. Most fevers last from a few hours up to 2 days.

Many children can safely be cared for at home, especially if they continue to drink, pass water, remain alert and do not develop other symptoms.

If you are worried or your child is getting worse with the symptoms listed in this leaflet, then you should seek the advice of a healthcare professional such as your GP or NHS 111.

## What causes a fever?

Quite often it is not possible to find a reason for your child's fever.

The body develops a fever in response to an infection. Fevers make it harder for infections such as viruses and bacteria to reproduce. The down-side is that fevers can make us all feel very unwell and can lead to febrile convulsions in children.

## What is a febrile convulsion?

Some children (usually under 5 years of age) with a fever will have a convulsion – the child will lose consciousness and both arms and legs will shake uncontrollably. In this situation you should call 999 for an ambulance.

Most febrile convulsions last only a few minutes, although they can be frightening for parents. Brief febrile convulsions do not cause any long-term health problems. Having a febrile convulsion does not mean a child has epilepsy.

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Department

Emergency

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**Patient  
Information**

## How to measure a child's temperature

We use the NICE (National Institute of Clinical Excellence) guidelines who recommend how and where to take a child's temperature:

- For children less than 4 weeks old, use an electronic thermometer in their armpit.
- For children aged 4 weeks to 5 years old, you can take your child's temperature from either their armpit (using a thermometer dot or electronic thermometer) or in their ear by using the tympanic thermometer.

Rectal, oral or the forehead are rarely used for measuring temperature in hospital.

## Looking after your feverish child

- Give your child plenty of drinks such as water or squash. If you are breastfeeding, then continue with breast milk. Give babies smaller but more frequent feeds to help keep them hydrated.
- Do not worry about food if your child does not feel like eating, but encourage them to drink more fluids. Ice lollies, yoghurts, jelly or soup are all fluid based alternatives.
- Look for signs of dehydration such as a dry mouth, lack of tears, sunken eyes, sunken fontanelle (the soft spot on your baby's head) or passing less amounts of urine.
- Children with a fever should be dressed as normal for the climate they are in. Do not over or under dress them. Fanning your child, cold bathing and tepid sponging can cause discomfort so it is not advised.
- It is not necessary to use medicines to treat your child's fever, but if your child is distressed, you can help them feel better by giving them paracetamol or ibuprofen such as Calpol<sup>®</sup> or Nurofen<sup>®</sup> for Children. Always follow the instructions on the bottle. Please speak to your local pharmacist if you have any queries.
- Check on your child regularly, including during the night, especially if your child is under 6 months old as their condition can change very quickly.

## Patient Information

- Keep your child away from nursery or school while they have a fever. Please remember to let the nursery and school know about the illness as soon as possible.

### The tumbler test

If a rash appears anywhere on your child's body, you can do what is called the 'tumbler test'. Press a glass tumbler firmly against the rash. If you can see spots through the glass and they do not fade, this is called a 'non-blanching rash'.

On darker skin tone, it is harder to see the rash but we suggest you check a paler area of your child's body such as the palms of their hands and soles of feet.

If you suspect a non-blanching rash and your child is unwell **call 999 for an ambulance immediately.**

### Getting help

Regularly check on your child and if they display any of the symptoms below you should telephone **999 for an Ambulance.**

If your child:

- becomes unresponsive;
- looks blue or greyish in colour;
- is finding breathing difficult;
- has a convulsion;
- develops a rash.

**The following symptoms need to be discussed with your GP or NHS 111 (24 hours):**

- If your child's condition gets worse or if you are worried.
- If your child is less than 6 months old.
- If your child has signs of dehydration.
- If your child is unwell with a high temperature for 5 days and has not seen a healthcare professional.

**NHS 111**

Tel: 111

## References

### NICE Guidelines

Website: [www.nice.org.uk/feverish-children-risk-assessment#!scenario](http://www.nice.org.uk/feverish-children-risk-assessment#!scenario)

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>