LIVING WELL

# Your Child Has a Fever. What Matters Now?

The thermometer gives you one clue; your child's age, breathing, hydration and alertness tell you when to act.

## Look up from the thermometer

You touch your child's forehead and feel heat. Soon you are watching the thermometer as if one number could tell you what happens next. It cannot. A temperature higher than normal is a sign, not a disease, and most fevers are caused by infections.

Fever is part of the body's response to illness. It can make survival harder for the virus or bacteria involved and activates the immune system. That does not mean every fever is harmless. It means the number needs context: your child's age, breathing, hydration, alertness and the other changes you can see.

The most useful question is not simply how hot your child feels. Notice whether they are interacting when awake. Watch how they breathe. Pay attention to whether they are drinking and urinating, and whether an illness that seemed to improve has returned or worsened. These observations can move the situation from watchful care to urgent medical attention.

A high temperature can be frightening, but a lower one does not automatically rule out significant illness. Not everyone with flu has a fever, for example, and babies with pneumonia do not always have typical features. The thermometer gives you one piece of information. Your child in front of you gives you the rest.

## Age changes the decision

For a child younger than 12 weeks, the threshold is clear: the CDC lists any fever as an emergency warning sign in its guidance on flu complications. Do not wait to see whether the temperature settles or whether another symptom appears. Obtain medical care right away.

Young children also have a higher risk of serious flu-related problems. The CDC identifies children younger than five as a higher-risk group, especially those younger than two. Serious complications can happen at any age, but age should lower your threshold for contacting a medical professional when a small child becomes unwell.

A child's existing health also matters. Flu can worsen chronic medical conditions; the CDC specifically notes asthma, diabetes and heart disease among conditions associated with

greater risk. Worsening of a chronic condition during a feverish illness is itself a reason to obtain medical care promptly.

These age and health distinctions matter more than comparisons with somebody else's child. A fever that passed uneventfully in an older sibling does not establish what is safe for a young baby or a child with a chronic condition. This is where fever stops being only a home-care question and becomes a medical one.

The thermometer gives you one piece of information. Your child in front of you gives you the rest.

## Breathing and responsiveness outrank the number

Trouble breathing is a reason to get medical care right away. In its emergency guidance for children with possible flu complications, the CDC names fast breathing, difficulty breathing, bluish lips or face, ribs pulling inward with each breath and chest pain. A child who is not alert or interacting when awake also needs immediate care.

The National Heart, Lung, and Blood Institute describes similar breathing changes in babies with pneumonia: rapid breathing, grunting, nostrils widening with each breath, muscles pulling inward between the ribs and a bluish tone to the lips or skin. Babies may also appear restless, tired or without energy. Pneumonia can be mild or serious, and young children are at greater risk of severe disease or life-threatening complications.

Seizures require immediate medical attention. So does severe muscle pain that makes a child refuse to walk. For a child with possible flu, the CDC also flags a fever above 104°F that is not controlled by fever-reducing medicine. Its warning-sign list is not exhaustive: any symptom that is severe or concerning warrants medical advice.

Pay particular attention to a reversal. The CDC advises urgent care when fever or cough improves and then returns or worsens. That pattern matters because flu can lead to complications including pneumonia, and serious complications can involve the heart, brain, muscles, respiratory system or kidneys. You do not need to identify the complication yourself. You need to recognize that the course has changed.

## Dryness tells its own story

A fever can increase the importance of fluids. Drinking enough liquids can prevent dehydration, while no urine for eight hours, a dry mouth and no tears when crying are emergency warning signs of flu complications in children. Those are concrete changes you can observe without

trying to interpret the thermometer.

If your child is drinking and urinating, keep noticing whether that continues. If they stop urinating, develop a dry mouth or no longer make tears while crying, obtain medical care right away. Do not let the fact that the temperature has fallen distract you from signs that their overall condition is worsening.

Fever-reducing medicines can lower temperature, but they do not tell you why the fever is happening. A health care provider may recommend acetaminophen or ibuprofen for a very high fever. Children with fever should not take aspirin.

A 2021 systematic review compared acetaminophen with ibuprofen in children younger than two. Across 19 studies involving 241,138 participants, ibuprofen was associated with slightly lower temperatures and less pain during the first 24 hours, while serious adverse events appeared similar. Adverse events were uncommon. The review does not turn medicine choice into a substitute for assessing breathing, hydration or responsiveness, and recommendations for young children remain divergent.

## Do not make one fever mean everything

Most fevers come from infections, but medicines, heat illness, some childhood vaccines, autoimmune diseases and cancers are among other possible causes. That range can send an anxious mind in every direction. A single fever, by itself, cannot tell you which cause applies.

A 2017 systematic review found fever in 53% of children at or before a leukemia diagnosis. But the 33 included studies followed children who already had leukemia and had no control groups. Those figures describe how leukemia presented; they do not tell you the chance that a child with fever has leukemia.

The review's more useful message is about clusters of unexplained changes. Pallor, bruising, recurrent infections, fatigue, limb pain, enlarged lymph nodes, bleeding, rash and abdominal or joint complaints appeared among the reported features. The authors concluded that multiple signs should alert clinicians and that an unexplained illness deserves a thorough history and focused examination.

Over the next week, keep your attention on what is observable. Seek care immediately for any fever in a baby younger than 12 weeks, breathing difficulty, bluish lips or face, ribs pulling inward, a seizure, marked unresponsiveness or dehydration signs. Call for medical advice if the illness is severe, concerning, returns after improving, worsens a chronic condition or remains unexplained. You are not expected to name the illness at home. Your job is to notice when the whole picture has changed.

## Where this comes from

- Fever

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/fever.html
- Hemorrhagic Fevers

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/hemorrhagicfevers.html
- Signs and Symptoms of Flu

  Centers for Disease Control and Prevention · https://www.cdc.gov/flu/signs-symptoms/
- Symptoms of Typhoid Fever and Paratyphoid Fever

  Centers for Disease Control and Prevention · https://www.cdc.gov/typhoid-fever/signs-symptoms/index.html
- Pneumonia Symptoms

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/pneumonia/symptoms
- Comparison of Acetaminophen (Paracetamol) With Ibuprofen for Treatment of Fever or Pain in Children Younger Than 2 Years: A Systematic Review and Meta-analysis.

  JAMA network open, 2021 · https://pubmed.ncbi.nlm.nih.gov/33125495/
- Associations Between Screen Use and Child Language Skills: A Systematic Review and Meta-analysis.

  JAMA pediatrics, 2021 · https://pubmed.ncbi.nlm.nih.gov/32202633/
- Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis.

  PLoS medicine, 2021 · https://pubmed.ncbi.nlm.nih.gov/33970913/
- Clinical presentation of childhood leukaemia: a systematic review and meta-analysis.

  Archives of disease in childhood, 2017 · https://pubmed.ncbi.nlm.nih.gov/27647842/
- How climate change degrades child health: A systematic review and meta-analysis.

  The Science of the total environment, 2024 · https://pubmed.ncbi.nlm.nih.gov/38360325/