SYMPTOM

High temperature (fever) in children

A fever is a temporary rise in a child's body temperature, usually caused by infection.

WHAT IT FEELS LIKE
Feeling hot, shivery, sweaty, tired, or uncomfortable

WHERE IT IS FELT
Throughout the body

MOST COMMON CAUSES
Viral infections, throat infections, ear infections

WHEN IT IS URGENT
Baby under 3 months with temperature 38°C or higher

USUALLY LASTS
One to four days, depending on the infection

SEE A DOCTOR IF
Fever lasts five days, returns, or your child is worsening

Overview

A high temperature, also called a fever, means a child's body temperature is 38°C or higher. Fever is a symptom rather than an illness. It is often part of the body's response to an infection.

Most childhood fevers are caused by viral infections and improve within a few days. The temperature alone does not show how serious an illness is. How your child looks, breathes, drinks, responds, and behaves can be more important.

Use a digital thermometer to check the temperature. For children under 5, measuring in the armpit is usually recommended. Follow the thermometer's instructions. Feeling the forehead can suggest that a child is hot, but it cannot measure the temperature accurately.

What it may feel or look like

A child with a fever may have warm skin, flushed cheeks, sweating, or shivering. They may seem tired, irritable, clingy, or less interested in playing. Headache, body aches, poor appetite, or disturbed sleep can also occur.

Babies may feed less or seem unsettled. Older children may describe feeling cold even though

their skin feels hot.

Watch for signs of dehydration, meaning the body is losing more fluid than it takes in. These include a dry mouth, fewer wet nappies or trips to the toilet, no tears when crying, and unusual sleepiness.

Some children aged about 6 months to 6 years have a febrile seizure during a fever. This is a fit caused by the rapid change in temperature. The child may become stiff, shake, or briefly lose awareness. Most febrile seizures do not cause lasting harm, but a first seizure needs urgent medical assessment.

Common causes

Common causes include colds, influenza and other viral infections. Throat, ear, chest, and stomach infections can also cause fever. A child may have symptoms such as a cough, runny nose, sore throat, vomiting, diarrhoea, or ear pain.

Fever can sometimes follow a vaccination. It is usually short-lived, but you should still pay attention to your child's overall condition and follow the vaccine information you were given.

Less common causes include urinary tract infections, which affect the bladder or kidneys. A child may have pain when passing urine, need to urinate more often, develop tummy or back pain, or have fever without an obvious source. In babies, poor feeding or irritability may be the only noticeable signs.

Urgent causes are uncommon but include serious bacterial infections, such as meningitis, sepsis, or pneumonia. Kawasaki disease, a rare condition that causes inflammation in blood vessels, can cause fever lasting five days or longer, often with a rash, red eyes, red or cracked lips, or swollen hands and feet.

Symptoms overlap between illnesses. A healthcare professional may need to assess your child to identify the cause.

When to seek medical care

Get urgent same-day medical advice if:

Call emergency services now if your child:

If your child has a seizure, place them on their side on a safe surface. Protect their head, move nearby objects, and note the time. Do not restrain them or put anything in their mouth.

Arrange a routine appointment if fevers keep returning, or if other symptoms continue after

the fever has settled. Seek earlier advice whenever you are worried, even if the temperature is below the thresholds above.

- Your baby is under 3 months and has a temperature of 38°C or higher
- Your baby is 3 to 6 months and has a temperature of 39°C or higher
- The fever has lasted five days or longer
- Your child is drinking poorly or has signs of dehydration
- Your child is becoming more unwell or is not acting normally
- Your child has a weakened immune system or a significant long-term condition
- Is struggling to breathe, grunting, or pulling in under the ribs
- Has blue, grey, very pale, or blotchy skin, lips, or tongue
- Is difficult to wake, confused, floppy, or not responding normally
- Has a rash that does not fade when pressed with a clear glass
- Has a stiff neck, severe headache, or discomfort with bright light
- Has a first seizure, or a seizure lasting more than five minutes

How the cause is found

A healthcare professional will ask when the fever began, the highest measured temperature, and how you measured it. They may ask about drinking, urination, breathing, rashes, pain, recent travel, vaccinations, medicines, and contact with illness.

The examination may include the ears, throat, chest, abdomen, skin, hydration, and alertness. Your child's breathing rate and heart rate may also be checked.

Many children do not need tests. Depending on the symptoms and age, testing may include a urine sample, nose or throat swab, blood test, or chest X-ray. Young babies with fever often need more urgent and detailed assessment because serious infections can be harder to recognize.

Treatment and self-care

Offer regular fluids. Breastfed babies can continue breastfeeding, with extra feeds if wanted. Small, frequent drinks may be easier for an older child who feels unwell.

Dress your child comfortably and avoid heavy blankets. Do not use cold baths, ice, or sponging

to force the temperature down. These can cause discomfort and shivering.

Paracetamol or ibuprofen may help if your child is distressed or uncomfortable. Use a product suitable for your child's age and follow its dosing label carefully. Ask a pharmacist or healthcare professional if you are unsure. Do not give aspirin to a child under 16. Do not routinely alternate paracetamol and ibuprofen unless a healthcare professional advises it.

Check your child regularly, including during the night. Treatment aims to improve comfort, not necessarily return the temperature to normal. Antibiotics like amoxicillin or doxycycline do not treat viral infections and are only used when a bacterial infection is suspected or confirmed.

What to expect

Many fevers from common infections improve within one to four days. Appetite and energy may take a little longer to return.

The temperature may rise and fall during the day. It may also return when fever medicine wears off. This does not by itself mean the illness is worsening.

Focus on your child's overall condition. Improvement in drinking, alertness, breathing, and interest in normal activities is reassuring. New symptoms, worsening behaviour, or fever lasting five days need medical review.

Common questions

Does teething cause a high fever?

Teething may cause mild discomfort or a small temperature rise, but a temperature of 38°C or higher should not automatically be blamed on teething. Consider other symptoms and seek advice if your child seems unwell.

Does a higher temperature always mean a more serious illness?

No. Minor viral infections can cause high temperatures, while serious infections may cause only a modest fever. Age, breathing, alertness, hydration, and other symptoms matter.

Should I wake my child to give fever medicine?

Fever medicine is mainly for discomfort. A comfortably sleeping child usually does not need to be woken solely for medicine. Continue to check their breathing, colour, and responsiveness.

Can my child attend school or childcare?

Keep your child home while they have a fever or feel too unwell for normal activities. Follow the

setting's rules and any advice linked to the suspected infection.

Sources

- High temperature (fever) in children , NHS
- Fever in under 5s: assessment and initial management , National Institute for Health and Care Excellence
- Fever: When to Call the Pediatrician , American Academy of Pediatrics
- Fever in children , Royal Children's Hospital Melbourne
- Febrile seizures , NHS