

A high temperature, or fever is very common in children. It is the way the body responds to any number of infections both minor and serious. This factsheet is designed to tell you what to look for, when you should be concerned and when to seek help

## Could it be Coronavirus?

### A high temperature could be a symptom of coronavirus (Covid-19)

#### Main symptoms

The main symptoms of coronavirus are:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- **a new, continuous cough** – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Most people with coronavirus have at least 1 of these symptoms.

**If you think your child may have Covid**, you're worried about your child or not sure what to do.

**For children aged 5 or over** – use the NHS 111 online coronavirus service.

**For children under 5** – call 111.

#### What to do if you have symptoms

If you have any of the main symptoms of coronavirus:

1. Get a test to check if you have coronavirus as soon as possible.
2. Stay at home and do not have visitors until you get your test result – only leave your home to have a test.

Visit NHS .UK:

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

Here you will find the latest advice on symptoms, how to book a test and advice on when and how long you, your household and your 'bubble' need to isolate

## Useful facts

**What is fever?** Fever is a raised body temperature above the normal daily variation, which usually suggests an underlying infection. A high temperature is 37.5°C or higher

**Fever is common** Between around 3 to 4 out of 10 pre-school children develop at least one episode of fever every 12 months

**Fever is often 'normal'** Mild feverish illness is a normal part of childhood – a natural, healthy and harmless response by the immune system to help the body fight infection.

**Common causes** Common causes of fever include the common cold, ear infections, stomach bugs (gastroenteritis), throat- and travel-related infections.

**Serious causes** Severe infections, such as pneumonia or meningitis, are in rare cases the main cause of a fever.

**Children under six months** Any child under six months of age with a fever must be assessed by a health professional.

## What can I expect to happen?

Fever usually gets better by itself In most cases it is due to a common, harmless illness that gets better by itself. Your child is unlikely to need antibiotics.

**Duration:** Fever should not last for longer than five days.

**Your child is unlikely to be seriously unwell if they:**

- **Behaviour:** Respond normally to you, seem content, wake easily and stay awake and has have a normal cry
- **Hydration:** Have moist lips and tongue and normal skin and eyes
- **Skin colour:** Their skin and tongue are their usual colour
- **Other signs:** Have none of the signs and symptoms listed in the sections on when to seek medical help

**Visit nhs.uk for further help:** <https://www.nhs.uk/conditions/fever-in-children/>

Rarely, more serious medical problems may cause fever in children. Always speak to 111 or to your child's GP if their health gets worse or if you have concerns about looking after your child at home.

## What can I do to help myself now and in the future?

### Check your child's temperature if you have a thermometer

Under 4 weeks old, with an electronic thermometer in the armpit.

In children aged between four weeks and five years, use either an electronic or chemical dot thermometer in your child's armpit, or an infra-red tympanic (ear) thermometer in the ear canal.

**If you haven't got a thermometer**, use your judgement as to whether your child feels abnormally hot and therefore has a high temperature. Your child might feel hotter than usual to the touch on their forehead, back or tummy, feel sweaty or clammy or have red cheeks.

**Clothing** Avoid over- or under-dressing your feverish child.

**Heating and cooling** Keep your central heating down. Keep the room well ventilated. Tepid sponging of children is no longer recommended.

**Fluids** Offer your child regular fluids. If you're a breastfeeding mother, offer your child as many feeds as she/he will take.

**Body checks** Check your child 2-3 times at night for signs of serious illness (see below).

**Schooling/nursery** It is best to keep feverish children away from nursery or school while the fever persists.

**Medication** You can give either **paracetamol** or **ibuprofen** if your child is unwell or appears distressed. Neither should be given routinely just to reduce body temperature or with the aim of preventing fits. Do not give your child paracetamol and ibuprofen at the same time unless advised to do so by a health professional. If your child is still distressed before the next dose of one of these medicines is due, you can consider using the other.

Always follow the manufacturer's instructions.

Do not give paracetamol to a child under 2 months. Do not give ibuprofen to a child under 3 months or under 5kg or to children with asthma.

Never give Aspirin to under 16s.

## When should I seek medical help?

### Call 111 or your child's GP surgery NOW if your child has any of these:

**High fever** If your child is 3-6 months old and has a temperature of 39°C or more or you think they have a high temperature.

**Vomiting** Your child vomits repeatedly, or brings up dark-green vomit

**Skin colour** Your child looks pale

**Rash** You notice a new rash that blanches when a tumbler is pressed against it

**Behaviour** Your child doesn't respond normally, wakes only with difficulty, is less active, doesn't smile or feeds poorly or is not their usual self and you are worried

**Breathing** Your child breathes much faster than usual and their nostrils flare

**Hydration** Your child doesn't eat or drink much and doesn't pass as much urine. Nappies stay dry, her or his mouth and eyes appear dry

**Duration** Your child's fever has persisted for five or more days

**Other signs** Your child also can't walk for some reason, has developed a swelling or new lump in a limb or joint or has attacks of shivering or you notice any other unusual symptoms and signs that you can't explain

### Call 999 or go to A&E if your child has a temperature and any of these any of these:

**High fever** If your child is 3 months old or less and has a temperature you have measured of 38.0°C or more or you think they have a high temperature

**Skin colour** Your child looks pale, ashen, mottled or blue

**Behaviour** Your child does not respond, does not wake or falls asleep again if woken or has a high pitched or continuous cry or is very agitated or confused

**Breathing** Your child breathes much faster than usual, makes a grunting sound when they are breathing, and the skin between the ribs or the area just below the rib cage moves in and out during breaths

**Hydration** In addition to the signs in the section above, if you pinch the skin on the back of your child's hand it does not return to normal quickly or the soft or in babies the soft spot on the top of the head (the fontanelle) is sunken or bulges

**Rash** You notice a new rash that doesn't fade on pressure (press a tumbler against the rash to see if it disappears)

**Other signs** Your child has a stiff neck is bothered by light, has cold hands or feet or has had a fit or seizure for the first time (can't stop shaking)

## Where can I find out more?

Check out the nhs.uk website: (<https://www.nhs.uk/conditions/fever-in-children/>) for more information on how you can manage fever in children. Remember that your pharmacist can also help you with assessing your child's symptoms.