

# Fever Advice Sheet

Advice for parents and carers of children 5 years and older



## How is your child?



Red

If your child:

- Is pale, mottled and feels abnormally cold to touch
- Is breathing very fast or going blue around the lips
- Is lethargic or difficult to wake
- Develops a rash that does not disappear with pressure (see the 'Glass Test' overleaf)
- Has a fit, is agitated or confused

### You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



Amber

If your child:

- Is finding it hard to breathe
- Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)
- Has extreme shivering or complains of muscle pain
- Is not improving after 5 days
- Is getting worse or if you are worried

### You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



Green

- If none of the above features are present

### Self Care

Using the advice overleaf you can provide the care your child needs at home

## Some useful phone numbers



**GP Surgery**  
(make a note of number here)

.....

**NHS 111**  
**dial 111**

(available 24 hrs - 7 days a week)

**Children's Ward**

.....

**Acute Community Nursing Team**

.....

For online advice: Wessex Healthier Together [www.what0-18.nhs.uk](http://www.what0-18.nhs.uk) (available 24 hrs/7 days a week)

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This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Most children with a fever get better very quickly but some children can get worse. You need to regularly check your child during the day and also through the night and follow the advice given below.

## About fever in children

- Fever is extremely common in children and usually suggests that your child has an infection.
- Your child has a fever if their temperature is over 38°C. The most accurate way of measuring your child's temperature is with a digital thermometer.
- Viral infections are far more common than bacterial infections. Symptoms such as runny nose, cough, wheeze, sore throat, red eyes and diarrhoea are more suggestive of a viral infection than a bacterial infection. If a number of people are unwell in the same household, this also suggests a viral infection.
- Viral infections tend to get better on their own and do not need treatment with antibiotics.

## Practical things you can do to help your child

- Keep your child as comfortable as possible. Consider giving paracetamol or ibuprofen for comfort.
- Offer them simple food and regular drinks.
- If they are vomiting, offer small frequent drinks as this is more likely to stay down.
- Do not try to control your child's temperature with tepid sponging or fans.
- Keep an eye on your child day and night and follow the guidance overleaf.
- If your child develops a rash, do "the glass test" (see guidance below).
- If your child is due their vaccinations, postpone until after their fever has improved.
- Notify their school if you need to keep your child away while they are unwell and have a fever – see [www.what0-18.nhs.uk](http://www.what0-18.nhs.uk) for advice if you are unsure whether they need to be kept off school or not.

## Using medicines to help

- If your child is distressed you should consider giving them paracetamol or ibuprofen to help them feel more comfortable. Use one and if your child has not improved 2-3 hours later you may want to try giving the other medicine.
- Carefully read the instructions on the medicine for dose and frequency.
- You could ask your local pharmacist for more advice about medicines.
- In general, we do not recommend cough medicines.

### The Glass Test

Do the 'glass test' if your child has a rash. Press a glass tumbler firmly against the rash. If you can see the spots through the glass and **they do not fade as you press the glass onto the skin** then this is called a 'non-blanching rash'. If you see this type of rash, seek medical advice immediately. The rash is harder to see on dark skin so check paler areas, such as palms of the hands, soles of the feet and tummy.

(Photo courtesy of the Meningitis Research Foundation 2013)

