

Fever and rash advice sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following features:

- Is going blue around the lips
- Too breathless to talk / eat or drink
- Becomes pale, mottled and feels abnormally cold to touch
- Becomes extremely agitated, confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'Glass Test')
- Develops swollen lips, a swollen tongue and is struggling to breath

You need urgent help

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



AMBER

If your child has any of the following features:

- Develops a painful rash
- Develops a blistering rash
- Develops a rash affecting more than 90% of their body
- Has had chickenpox in the past few days and is now getting more unwell with a high fever and spreading red rash
- Develops red lips or a red tongue
- Develops significant skin peeling
- Is under 3 months of age with a temperature above 38°C / 100.4°F, or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)
- Continues to have a fever above 38.0°C for more than 5 days

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 is present, most children with fever and rash can be safely managed at home.

If you think that this is a worsening of your child's eczema, optimise your child's eczema treatment or see their GP or practice nurse.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I help my child?

Most rashes require no medical input and simply get better by themselves without any treatment. This includes viral rashes. If your child has a fever and is distressed, you may consider giving them paracetamol (calpol) and/or ibuprofen (although ibuprofen should be avoided if your child has chickenpox).

Some rashes require you to keep your child off from nursery or school. This includes chickenpox and scarlet fever. Take a look at the Healthier Together website for more information under the "Should your child go to nursery/school today?" section.

www.what0-18.nhs.uk

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

About fever and rash

Skin rashes are extremely common in babies and children. A skin rash associated with fever is most often due to a viral infection. This occurs along with other symptoms such as runny nose and cough. The rash can vary in shape and size, usually appearing as blotchy red spots commonly affecting most of the body. These rashes are called 'non-specific', which means that it is hard to say which specific virus is the cause.

How long is the rash likely to last?

Most rashes usually appear quite quickly and only last for a few days.

What should you look out for?

Not all rashes are due to viral infections. If your child develops a rash that doesn't fade under pressure using the glass test, they need to be seen urgently by a doctor. Other features that you should look out for painful skin rashes, blistering rashes and rashes affecting the lips and tongue. If your child has had chickenpox in the past couple of days and is now getting more unwell with a high fever and a spreading red rash, they need to be seen urgently. If your child appears unwell to you, in terms of being difficult to rouse, pale and floppy or if they are struggling to breathe, you should have them seen urgently by a doctor. If their temperature stays above 38°C for more than 5 days, you should also have them seen.



Typical non-specific, viral rash



The glass test: child needs to be seen urgently