

Fever in Children: Recognising the Seriously Ill Child

Quick-reference for community pharmacists · Aligned with NICE NG143 (reviewed April 2025)

■ CALL 999: Immediately Life-Threatening Features

- Non-blanching rash: treat as possible meningococcal disease; call 999 immediately
- Pale, mottled, ashen, or blue skin or lips; child appears shocked or unresponsive
- Active seizure lasting more than 5 minutes
- Grunting, severe chest indrawing, or obvious respiratory distress

Do not wait for a rash to develop or spread before calling 999 in a severely unwell child. A non-blanching rash can have other causes but the emergency action is the same.

■ URGENT: Same-Day Assessment (within 2 hours)

- Under 3 months + temperature 38°C or above: HIGH RISK regardless of appearance (NICE NG143)
- Any single red feature without immediate life-threat: face-to-face paediatric review within 2 hours
- Age 3 to 6 months + temperature 39°C or above
- Amber features with parental concern: not responding normally, no smile, wakes only with prolonged stimulation, poor feeding, reduced wet nappies
- Febrile child who has had a seizure (even if stopped), particularly if a first seizure
- Fever 5 or more days, especially with red eyes without discharge, rash, cracked lips, or swollen hands/feet: assess for Kawasaki disease

Parental concern is a valid clinical signal (NICE NG143 1.1.6). A parent who says their child is "just not right" should lower the threshold for referral.

Feature	Green: reassuring	Amber/Red: concern
Age + temp	Over 6 months, mild fever, well appearance	Under 3 months + 38°C or above: RED. Age 3-6 months + 39°C or above: AMBER
Skin colour	Normal pink skin, lips, and tongue	Pale, mottled, ashen, or blue-tinged
Rash	No rash, or blanching rash fades under glass	Non-blanching under glass pressure = call 999; treat as possible meningococcal disease
Alertness	Responds to parent, smiles, wakes easily	No response to social cues; cannot be roused; will not stay awake
Cry	Strong normal cry or quietly content	Weak, high-pitched, continuous, or inconsolable
Fontanelle	Flat (sunken may indicate dehydration)	Bulging fontanelle: possible raised intracranial pressure
Neck	Moves freely in all directions	Stiff neck or resists chin-to-chest: possible bacterial meningitis

FEVER Counter Assessment Framework

F	Face and colour	Pale, mottled, ashen, or blue? A quiet, disinterested child not looking around is already telling you something.
E	Eyes and alertness	Eye contact with parent? Responding? Smiling? Does not wake or will not stay awake is a red feature.
V	Vital concerns from parent	What specifically worries them? Dramatic change in behaviour? Parental concern is a valid clinical signal.
E	Extremities and rash	Any rash? Non-blanching under glass pressure = call 999. Limb swelling, joint swelling, or refusing to use an arm or leg?
R	Refer without hesitation	Any red or amber feature? Under 3 months with any fever? If in doubt, seek clinical assessment rather than relying on reassurance.

Key reminders: Under 3 months + any fever 38°C or above = urgent same-day assessment, no exceptions. Temperature response to paracetamol does not indicate illness is non-serious (NICE NG143 1.4.8). Antipyretics do not prevent febrile convulsions (NICE NG143 1.6.1). Never recommend aspirin to a child under 16: risk of Reye's syndrome.