What symptoms require immediate help

Start with the child’s appearance and ABCs

In pediatrics, a child’s overall appearance can be as important as any single measurement. A child who is alert, interactive, breathing comfortably, and drinking may be less concerning than a child with the same temperature who is listless, pale, confused, or struggling to breathe. Immediate help is appropriate when your child looks seriously ill, even if you cannot name the problem.

Clinicians often think first about ABCs: airway, breathing, and circulation. Seek emergency care if your child is choking, unable to speak or cry because of airway obstruction, making high-pitched noisy breathing at rest, or has severe respiratory distress in children such as chest retractions, grunting, nasal flaring, or pauses in breathing. Bluish lips or face, called cyanosis, suggests inadequate oxygenation and should be treated as an emergency.

Circulation warning signs include extreme pallor or gray color, cold mottled skin, fainting with poor recovery, weak or absent responsiveness, or signs of shock such as very fast heart rate, lethargy, and poor perfusion. If severe bleeding does not stop with firm direct pressure, call emergency services. While waiting, keep pressure on the wound, avoid repeatedly checking under the

dressing, and follow dispatcher instructions.

Breathing, chest pain, and allergic reactions

Any sudden or severe breathing problem in a child deserves prompt action. Call emergency services for breathing that is very fast, labored, noisy, or associated with blue lips, severe chest indrawing, exhaustion, confusion, or inability to drink or speak. Children can deteriorate quickly when respiratory muscles fatigue, so do not wait for a child who is working hard to breathe to "sleep it off."

Chest pain in children is often not cardiac, but certain patterns require immediate care: crushing or pressure-like pain, pain lasting more than a few minutes, chest pain with fainting, palpitations, shortness of breath, sweating, or pain after exertion. Chest pain after trauma, suspected ingestion, or associated with a known heart condition should also be treated urgently.

Severe allergic reactions, or anaphylaxis, may begin with hives, swelling of lips or tongue, wheezing, throat tightness, vomiting, abdominal cramping, dizziness, or collapse after exposure to a food, medication, insect sting, or other trigger. This is an emergency because the airway and blood pressure can worsen rapidly. If your child has a prescribed emergency allergy medicine, use it exactly as previously instructed and call emergency services. Do not drive alone with a child who may deteriorate en route if emergency transport is available.

Neurologic red flags: seizures, stroke-like signs, and altered mental status

Immediate help is needed for loss of consciousness, a child who cannot be awakened normally, new confusion, severe drowsiness, or abnormal behavior that is abrupt and significant. Altered mental status can occur with infection, hypoglycemia, poisoning, head injury, seizures, metabolic problems, or other serious conditions; it should not be assumed to be fatigue.

Call emergency services for a first seizure, any seizure lasting around five minutes or longer, repeated seizures without full recovery between them, seizure with breathing difficulty or injury, or seizure in water. After a seizure, place the child on their side if possible, protect them from nearby

hazards, do not put anything in the mouth, and time the event.

Stroke is uncommon in children but can happen. Use FAST as a practical warning tool: facial drooping, arm weakness, speech difficulty, and time to call emergency services. Other concerning neurologic symptoms include sudden severe headache, new weakness, vision loss, trouble walking, stiff neck with fever, or repeated vomiting with headache. Sudden severe headache with neck stiffness, rash, confusion, or light sensitivity can indicate a potentially serious infection or bleeding and needs urgent evaluation.

Fever, rash, dehydration, and signs of serious infection

Fever is common in childhood and often reflects viral infection, but some fever patterns require immediate medical attention. Seek urgent help for fever with difficulty breathing, stiff neck, persistent confusion, seizure, signs of dehydration, severe headache, or a child who is difficult to wake. Any fever in a very young infant, particularly under 3 months, should be discussed urgently with a healthcare professional because infection can progress quickly and may not produce obvious symptoms.

A non-blanching rash with fever is a red flag. Non-blanching means the spots do not fade when gentle pressure is applied, such as with a clear glass. Purple spots, widespread bruising without explanation, or a rapidly spreading rash with fever, lethargy, or limb pain can signal a medical emergency and should be assessed immediately.

Dehydration can become serious in children, especially infants and toddlers. Warning signs include no urine for many hours, very dry mouth, absent tears, sunken eyes, sunken fontanelle in an infant, extreme sleepiness, rapid breathing, cool extremities, or inability to keep fluids down. Persistent vomiting, green bile-like vomit, blood in vomit or stool, or severe diarrhea with lethargy warrants urgent evaluation.

Trust functional status. A child who cannot sit, walk, feed, make eye contact, or respond as usual because of illness deserves prompt assessment, even if the thermometer reading is not extremely high.

Injuries, head trauma, poisoning, and severe pain

After a head injury, seek immediate medical care for loss of consciousness, repeated vomiting, worsening headache, seizure, confusion, unusual sleepiness, unequal pupils, fluid or blood from the ear or nose, weakness, or behavior that is not normal for your child. Infants may show irritability, poor feeding, bulging fontanelle, or abnormal sleepiness rather than a clear complaint of headache.

Call emergency services for major trauma, suspected neck or spine injury, deep wounds with uncontrolled bleeding, burns involving the face, hands, genitals, large areas, or inhalation of smoke, and any injury causing difficulty breathing or altered consciousness. Do not move a child with suspected spinal injury unless they are in immediate danger.

Poisoning or ingestion should be treated seriously even before symptoms appear. This includes medicines, cleaning products, button batteries, magnets, alcohol, cannabis products, opioids, chemicals, or unknown substances. Call poison control or emergency services according to the situation; if the child is unconscious, having trouble breathing, seizing, or collapsing, call emergency services first. Do not induce vomiting unless instructed by a qualified professional.

Severe pain is another reason to seek help. Sudden intense abdominal pain, abdominal pain with a rigid belly, blood in stool, persistent vomiting, testicular pain, severe headache, or severe limb pain with swelling, color change, or inability to bear weight may reflect conditions that need urgent treatment. Pain that is extreme, progressive, or associated with systemic symptoms should not be dismissed.

Mental health emergencies and sudden behavioral danger

Children and adolescents can experience mental health crises that are every bit as urgent as physical emergencies. Seek immediate help if a child talks about wanting to die, has suicidal thoughts in children or adolescents, has a plan to harm themselves, has made an attempt, or is engaging in self-harming behavior that could cause injury. Do not leave the child alone; remove accessible weapons, medications, sharp objects, and other immediate hazards while arranging urgent support.

Emergency evaluation is also needed for threats of serious harm to others, violent behavior that cannot be safely contained, hallucinations or delusions with unsafe behavior, severe agitation, intoxication, or sudden extreme confusion. Substance ingestion and mental health crisis often overlap, especially in adolescents, and both require professional assessment.

Some changes are not necessarily emergency-level but still need prompt medical attention: developmental regression in children, sudden loss of speech or motor skills, dramatic personality change, new inability to attend school, or severe anxiety with functional impairment. If these changes occur with fever, head injury, seizure, severe headache, intoxication, or altered consciousness, treat them as urgent or emergent.

When a child discloses frightening thoughts, respond calmly: thank them for telling you, stay physically present, and seek immediate professional help. Avoid arguing, shaming, or promising secrecy. Safety comes first.

What to do while getting help

If you believe your child may be having a medical emergency, call your local emergency number. Give the dispatcher your location, your child’s age, the main symptom, when it started, and whether the child is conscious and breathing. Follow instructions carefully; dispatchers may guide you through CPR, choking first aid, bleeding control, or positioning.

While waiting, keep the child in a safe position. If breathing is difficult, let the child choose the most comfortable position unless they are unconscious. If unconscious but breathing, recovery positioning may reduce aspiration risk. If not breathing normally, begin CPR if you are trained or as instructed by emergency dispatch.

Bring the child’s medication list, allergy information, medical conditions, and immunization history if available.
Note the time symptoms began, especially for seizure, stroke-like signs, ingestion, allergic reaction, or head injury.
Do not give food or drink if surgery, sedation, poisoning, severe breathing difficulty, or reduced consciousness is possible.

Do not delay emergency care to call multiple people, search online, or wait for symptoms to become unmistakable.

Urgent care may be appropriate for non-life-threatening problems, but emergency departments are better equipped for unstable breathing, circulation problems, altered mental status, serious injury, severe allergic reaction, poisoning, or rapidly worsening illness. If you are unsure which level of care is appropriate, call emergency services or your child’s clinician for guidance.