

## What to do when baby has fever



### **First, confirm the temperature accurately**

For babies, accuracy matters. A rectal temperature is often considered the most reliable method in infants, especially when a precise reading is important. A fever is commonly defined as 100.4°F or 38°C or higher. Temporal, tympanic, axillary, and pacifier thermometers can be convenient, but they may be less reliable in young infants or when technique is inconsistent.

If your baby feels warm, is flushed, or is acting differently, take the temperature and write down the reading, method, and time. This is useful if you call a clinician. Avoid relying on touch alone; a baby can feel hot from overdressing, crying, being held against an adult's body, or a warm room.

Clean the thermometer according to the manufacturer's instructions. If using a rectal thermometer, use one designed for that purpose, apply a small amount of lubricant, insert only the recommended distance, and stop if there is resistance. If you are uncomfortable with the method, ask your pediatrician's office to show you how or recommend an alternative.

### **Age changes the urgency**

The younger the baby, the more cautious the approach should be. Fever in young babies can be the only visible sign of a potentially serious infection because newborns and young infants may not show localizing symptoms. For a baby under 3 months with a rectal temperature of 100.4°F or 38°C or higher, contact a healthcare professional immediately, even if the baby otherwise looks well.

For babies 3 to 6 months, a fever still deserves close attention, particularly if the temperature is high, the baby is not feeding normally, is difficult to console, appears unusually sleepy, or has fewer wet diapers. For babies older than 6 months, the overall clinical picture remains key: an alert baby who is drinking, urinating, and breathing comfortably is different from a lethargic baby with fast breathing or poor intake.

Premature infants, babies with immune compromise, complex heart or lung disease, indwelling devices, recent surgery, or significant chronic illness may need a lower threshold for medical assessment. If your baby has any special medical history, follow the individualized plan from your care team.

### **Focus on comfort, fluids, and observation**

Fever itself is not the disease; it is a physiologic response. Evidence-based fever care generally focuses on helping the child feel more comfortable and preventing dehydration rather than treating a number alone. A baby who is resting, feeding adequately, and breathing comfortably may not need aggressive temperature-lowering measures.

Dress your baby in light clothing and keep the room comfortably cool, not cold. Offer breast milk, formula, or age-appropriate fluids more frequently if your clinician has advised this.

Let your baby rest; sleep can be part of recovery, as long as the baby is arousable and breathing normally.

Use a lukewarm bath only if it seems soothing; stop if your baby shivers, cries intensely, or becomes uncomfortable.

Avoid ice baths, alcohol rubs, cold showers, or aggressive cooling, which can cause distress and shivering.

Watch for signs of dehydration, including significantly fewer wet diapers, very dark urine, dry mouth, absence of tears when crying, sunken soft spot, cool or

mottled extremities, or unusual lethargy. If your baby is vomiting repeatedly, cannot keep feeds down, or has persistent vomiting or diarrhea, call a healthcare professional promptly.

### **Be cautious with fever-reducing medicine**

Acetaminophen and ibuprofen can reduce fever-related discomfort in some children, but they must be used carefully. Dosing is typically weight-based, and the correct product concentration matters. Do not use adult medications, combination cold medicines, or alternating schedules unless your clinician specifically recommends them.

Acetaminophen may be used in some infants, but babies younger than 3 months should be evaluated by a clinician before fever medicine is given, because medication could mask an important sign. Ibuprofen is generally not used in babies younger than 6 months unless a clinician instructs otherwise. Aspirin should not be given to children because of the risk of Reye syndrome, a rare but serious condition associated with aspirin use during viral illnesses.

If medicine is appropriate for your baby, use the dosing device that comes with the product, measure carefully, and record the time and amount. The goal is improved comfort, not necessarily a normal temperature. If the fever returns as the medicine wears off, that can happen and does not by itself prove worsening illness; however, persistent poor appearance, breathing difficulty in infants, dehydration, or difficulty waking is more concerning than the fever number alone.

### **Know when to call or seek urgent care**

When to talk to pediatrician depends on age, symptoms, and your baby's baseline health. Call urgently for any fever in a baby under 3 months. Also call if your baby is younger than 6 months and has a high fever, if fever lasts longer than your clinician has advised, or if you feel something is not right. Caregiver intuition is not a diagnosis, but it is a valid reason to ask for help.

Seek immediate medical care or emergency services if your baby has trouble breathing, blue or gray lips, a seizure, a stiff neck, a bulging soft spot, a purple or non-blanching rash, difficulty waking, signs of severe dehydration,

or a very weak cry. Inconsolable crying in infants, especially with fever, can also be a red flag when the baby cannot be soothed or seems to be in pain.

If your baby recently received vaccines, a mild fever can occur, but the same red flags still apply. If you are unsure whether a post-vaccine fever is expected, call your pediatrician or after-hours pediatric triage line, particularly for very young infants or babies with complex medical histories.

### **What to track before you call**

Before calling a clinician, gather concise information if you can do so without delaying urgent care. Helpful details include your baby's age, exact temperature, thermometer method, timing of fever onset, medicines given, weight if known, feeding pattern, number of wet diapers, vomiting or diarrhea, rash, cough, breathing changes, exposures, recent travel, and vaccine timing.

Describe behavior in functional terms: alert or difficult to wake, feeding normally or refusing feeds, consolable or not, breathing comfortably or working hard. Mention medical history such as prematurity, immune problems, heart or lung disease, urinary tract issues, or recent hospitalization.

Do not wait to collect every detail if your baby looks seriously ill. If you see respiratory distress, a seizure, limpness, cyanosis, or unresponsiveness, seek emergency help immediately.

### **Staying calm while taking fever seriously**

It is completely understandable to feel anxious when your baby has a fever. Many caregivers worry that fever will cause harm by itself, but in most children, fever is part of the immune response. The clinical priority is to identify the small group of babies who need urgent evaluation while supporting the many babies who can be monitored with professional guidance.

Try to create a simple monitoring routine: check temperature at reasonable intervals, observe breathing and hydration, offer feeds, and rest when your baby rests. Avoid repeatedly waking a comfortable baby just to check the temperature unless your clinician has told you to do so. If anxiety makes it hard to decide, use your pediatrician's office or triage service; asking for

guidance is appropriate, not overreacting.

Caregivers also need support. If you are exhausted, overwhelmed, or worried you might fall asleep while holding the baby, place the baby in a safe sleep space and call another adult for help if possible. A calm, supported caregiver is better able to notice meaningful changes.