When to call doctor for child

Start with age, appearance, and your level of concern

When deciding whether to call a doctor for a child, begin with three questions: How old is the child? How sick do they look? Is the pattern worsening, persistent, or unusual for them? A mildly congested 8-year-old who is drinking well and playing between fevers is different from a 6-week-old with a temperature or a toddler who is difficult to wake.

Age matters because infants, especially those younger than 3 months, have immature immune responses and may show serious illness with only subtle signs. In this age group, a rectal temperature of 100.4˚F or 38˚C or higher should prompt a call to a healthcare professional promptly. Even without fever, poor feeding, unusual sleepiness, weak cry, color change, or breathing changes in a young infant deserve urgent advice.

Appearance matters as much as the thermometer. Call if your child acts sick, seems unusually lethargic, is inconsolable, has a weak or high-pitched cry, refuses fluids, or is not improving over a reasonable interval. Many pediatric clinicians advise calling when a child does not improve within about three days, or sooner if symptoms are escalating.

Your concern also matters. Parents and caregivers often recognize that a child is "not themselves" before a specific diagnosis is clear. If your child's behavior, breathing, hydration, or responsiveness worries you, it is appropriate to call. You do not need to be certain that something is dangerous before asking for medical guidance.

Fever: when the temperature should prompt a call

Fever is common in childhood and often reflects the immune system responding to infection. Still, fever requires a more cautious approach in infants and when it is accompanied by concerning symptoms. Use a reliable thermometer, and in young infants, rectal temperature is generally considered the most accurate method unless your clinician has advised otherwise.

For infants younger than 3 months, call a doctor for any fever of 100.4´℉ or 38´℃ or higher. This threshold is important even if the baby otherwise appears fairly well. For babies 3 to 6 months old, call if the temperature is above 100.4´℉ and the baby seems ill, and many clinicians recommend calling for a rectal temperature of 101´℉ or higher in this age range. For children 6 months and older, call for a fever over 103´℉, a fever that lasts more than three days, or a fever lasting more than a day in a child 6 to 24 months when no clear benign explanation is present.

Also call for pediatric fever warning signs that suggest more than a routine viral illness. These include fever with difficulty breathing, stiff neck, persistent vomiting, severe headache, unusual drowsiness, signs of dehydration, or a rash that looks like bruising or does not fade when pressed. Fever in a child with immune compromise, complex chronic disease, a central venous line, sickle cell disease, or recent surgery should be discussed with the child's medical team promptly.

A high number alone does not always equal danger, and a lower number can still be concerning if the child looks very ill. The safest approach is to combine temperature, age, duration, associated findings, and overall appearance.

Breathing symptoms that need prompt attention

Respiratory symptoms are a common reason to call a pediatrician. A mild cough

or runny nose can often be monitored, but breathing effort is different from congestion. Call urgently or seek immediate care if your child is working hard to breathe, breathing very fast for age, grunting, flaring the nostrils, using the muscles between the ribs or above the collarbones, or cannot speak, cry, feed, or drink normally because of breathlessness.

Other concerning signs include bluish or gray lips, pauses in breathing, noisy breathing with distress, chest pain, or worsening wheeze. In infants, poor feeding may be one of the first signs that breathing is becoming too difficult. If a child is struggling to breathe, do not wait for an office call-back; emergency services may be the safest choice.

A persistent cough also deserves attention when it is worsening, interferes with sleep or feeding, lasts beyond what your clinician considers typical, or is associated with fever lasting more than three days. Call if the cough is accompanied by rapid breathing, dehydration, repeated vomiting, or unusual fatigue. Children with asthma, congenital heart disease, prematurity-related lung disease, neuromuscular conditions, or other chronic illnesses may need earlier evaluation.

Trust visible work of breathing over reassurance from a single device or measurement. Home pulse oximeters can be inaccurate in children, especially with movement or poor sensor fit. If the child looks distressed, seek care.

Dehydration, vomiting, diarrhea, and poor intake

Children can become dehydrated more quickly than adults, particularly infants and toddlers. Always call for signs of dehydration such as dry mouth, markedly decreased urine output, no tears when crying, sunken eyes, unusual sleepiness, dizziness, or a child who cannot keep fluids down. In infants, fewer wet diapers than usual, poor feeding, or a sunken soft spot may be concerning.

Vomiting and diarrhea often improve with supportive care, but medical advice is important when fluids are not staying down, diarrhea is frequent or bloody, abdominal pain is severe or localized, or the child becomes increasingly sleepy or weak. Call promptly if vomiting is green, bloody, persistent, associated with a severe headache or stiff neck, or occurs after a head injury. Repeated vomiting in a young infant should be discussed with a clinician.

For children with gastroenteritis symptoms, the key question is whether hydration is adequate. A child who can sip fluids, urinates regularly, and becomes more alert between episodes may be monitored with clinician-approved guidance. A child who is too sleepy to drink, vomits every attempt at fluid, has minimal urine, or has signs of shock such as cool extremities and extreme lethargy needs urgent evaluation.

Children with diabetes, kidney disease, metabolic disorders, or immunocompromising conditions can become unstable more quickly during vomiting or diarrhea. Caregivers should follow their individualized sick-day plan and call the child’s care team early.

Rashes, pain, injuries, and neurologic warning signs

Many childhood rashes are minor, but some patterns require medical advice. Call if a rash is accompanied by fever, looks like bruises or tiny purple-red spots, spreads rapidly, is painful, involves swelling of the lips or face, or appears with breathing difficulty. A non-blanching rash with fever, meaning the spots do not fade when gently pressed, can be a pediatric emergency warning sign and should be evaluated urgently.

Pain should also be taken seriously when it is severe, persistent, localized, or associated with functional limitation. Call for significant ear pain, a child who will not walk or use a limb, severe sore throat with drooling or difficulty swallowing, persistent abdominal pain, testicular pain, or pain after injury that causes deformity, swelling, inability to bear weight, or concern for fracture. Head injury with repeated vomiting, worsening headache, confusion, abnormal behavior, seizure, or loss of consciousness requires immediate medical evaluation.

Neurologic changes are especially important. Seek urgent help for a first seizure in a child, seizure lasting several minutes, repeated seizures, weakness on one side, new trouble speaking, severe confusion, fainting with prolonged unresponsiveness, or a child who is difficult to wake. Altered mental status in children may appear as extreme irritability, disorientation, unusual limpness, or failure to recognize caregivers.

For suspected poisoning in children, ingestion of medications, household chemicals, batteries, magnets, recreational substances, or unknown products should be treated as urgent. Contact poison control or emergency services according to local guidance; do not wait for symptoms to appear.

Same-day call versus emergency care: practical triage

A same-day call to the pediatrician is usually appropriate when your child is stable but has symptoms that may need assessment: fever beyond recommended age or duration thresholds, earache, persistent cough, rapid breathing without severe distress, rash with fever, signs of dehydration, worsening sore throat, urinary pain, eye pain or swelling, or symptoms that are not improving within three days. The pediatric office can help determine whether your child needs an appointment, urgent care, home monitoring, or emergency evaluation.

Emergency care is more appropriate for immediate threats: severe breathing difficulty in children, blue or gray color, unresponsiveness, seizure, suspected poisoning, severe allergic reaction, uncontrolled bleeding, major injury, signs of severe dehydration, or any situation in which you feel your child may not be safe to transport by car. If emergency services are needed, call your local emergency number.

Before calling, gather concise information if you can do so safely. Note your child’s age, weight if relevant, temperature and how it was measured, symptom onset, urine output, fluid intake, medications already given, allergies, chronic conditions, vaccination status if pertinent, and exposure history. Describe behavior in concrete terms: "sleeping but wakes and drinks" is different from "hard to wake and refusing fluids."

If you are unsure whether the situation is urgent, call anyway. Pediatric teams expect uncertainty, and early communication often prevents delayed care. The goal is not to overreact or underreact; it is to match the child’s risk to the right level of medical support.