

When to call emergency services



Use the emergency threshold, not the perfect answer

In infant emergencies, the goal is not to make a precise diagnosis at home. The goal is to recognize that a baby may need immediate assessment, oxygen, resuscitation, hemorrhage control, treatment for anaphylaxis, or rapid transport. Babies have limited physiologic reserve: they can compensate for illness or injury for a while and then deteriorate quickly.

A helpful mental model is: check the scene and your baby, call emergency services if there are life-threatening signs or serious doubt, and provide safe basic care while waiting. The American Red Cross describes this as check, call, care. In practice, this means you first make sure the environment is safe enough to approach, quickly assess responsiveness and breathing, call for emergency help when needed, and then follow dispatcher instructions.

If you are alone and your baby is unresponsive, not breathing normally, or gasping, call emergency services immediately. If another adult is present, one person should call while the other stays with the baby. Put the phone on speaker so your hands remain free and the dispatcher can guide you.

Breathing problems that need emergency help

Breathing difficulty in infants is one of the most important reasons to call emergency services. Babies breathe through small airways and can tire rapidly. Call now if your baby is not breathing, is only gasping, has pauses in breathing with limpness or color change, or appears to be struggling to move air.

Emergency warning signs include blue, gray, or very pale color around the lips or face; severe chest retractions, where the skin pulls in between or below the ribs; grunting with each breath; flaring nostrils; inability to cry or feed because of breathlessness; choking with ineffective coughing; or sudden noisy breathing after eating, playing, or exposure to a small object. A baby who is unusually quiet, limp, or difficult to wake during a breathing episode also needs emergency care.

Do not drive yourself to the hospital if your baby is having severe respiratory distress unless emergency services are unavailable and a dispatcher instructs you otherwise. Ambulance teams can provide assessment and support during transport, and dispatchers may give specific instructions for choking, positioning, or cardiopulmonary resuscitation if needed.

Unresponsiveness, seizures, and concerning neurologic changes

Call emergency services if your baby is unresponsive, cannot be awakened, is limp, has a sudden loss of consciousness, or has abnormal breathing after a neurologic event. A baby who is difficult to arouse in a way that feels clearly different from normal sleep should be treated as potentially emergent, especially if there is poor color, weak cry, abnormal tone, or recent illness, injury, or possible exposure.

Seizure-like activity can look like rhythmic jerking, stiffening, eye deviation, repeated lip smacking, loss of responsiveness, or unusual movements that do not stop when you gently comfort or reposition the baby. Call emergency services for a first seizure, a prolonged seizure, repeated seizures, seizure with breathing difficulty, seizure after head injury, or seizure with persistent altered mental status afterward.

While waiting, place your baby on a safe flat surface away from hard objects.

Do not put anything in the baby's mouth. If vomiting occurs or secretions collect, follow dispatcher guidance about positioning. Try to note the time the episode started and what movements you saw, because this information helps clinicians.

Bleeding, trauma, burns, drowning, and poisoning

Call emergency services for life-threatening bleeding, including bleeding that spurts, soaks through cloths, does not slow with firm direct pressure, or is associated with pallor, limpness, weakness, or altered responsiveness. Use firm pressure with a clean cloth if available while waiting for help, but do not delay the call to search for supplies.

Emergency evaluation is also needed after major trauma: a fall from a significant height, motor vehicle crash, suspected non-accidental injury, head injury with loss of consciousness, persistent vomiting, seizure, abnormal behavior, unequal pupils, worsening sleepiness, or a baby who cannot be consoled after injury. Neck or spine concerns should be handled with dispatcher guidance; avoid unnecessary movement if severe trauma is suspected.

For burns, call emergency services for burns involving the face, airway, hands, genitals, large areas, electrical injury, chemical exposure, or any burn accompanied by breathing symptoms or altered responsiveness. For drowning or near-drowning, call even if the baby seems to improve, because respiratory problems can evolve after aspiration. For possible poisoning, medication ingestion, button battery exposure, magnet ingestion, toxic household products, or unknown substances, call emergency services if the baby has symptoms such as breathing difficulty, sleepiness, seizures, vomiting, drooling, burns around the mouth, or collapse. If the baby is stable and alert, a poison control center may guide next steps, but emergency symptoms should trigger emergency services first.

Allergic reactions and suspected infant anaphylaxis

Suspected infant anaphylaxis is an emergency. In babies, severe allergic reactions may not look like the classic adult description of throat tightness or dizziness. Call emergency services if symptoms involve breathing difficulty, repetitive cough, wheeze, hoarse cry, swelling of the lips or tongue,

widespread hives with vomiting or lethargy, sudden pallor or limpness, or rapid progression after exposure to a food, medication, insect sting, or other allergen.

If your baby has a prescribed emergency medication plan for severe allergy, follow that plan and call emergency services. Do not wait to see whether symptoms settle if there are airway, breathing, circulation, or significant neurologic signs. Babies may need observation and additional treatment even after early improvement.

Tell the dispatcher what the baby was exposed to, when symptoms began, whether any emergency medication was given, and whether breathing or responsiveness has changed. Keep the baby under close observation and avoid giving food or drink during an evolving severe reaction unless a clinician or dispatcher instructs otherwise.

Fever, dehydration, vomiting, and serious illness signs

Many fevers and stomach illnesses can be managed with guidance from a pediatric clinician, but some patterns require emergency help. Call emergency services if fever is accompanied by severe breathing difficulty, unresponsiveness, a seizure with concerning features, a non-blanching purple or red rash, stiff body with extreme irritability, signs of shock, or a baby who appears critically ill.

Fever in young babies deserves special caution because very young infants can have serious infections with subtle signs. Depending on age and local guidance, a clinician may want urgent evaluation even when the baby looks relatively well. If your baby has fever but no immediate danger signs, contact your pediatrician or an after-hours pediatric triage line promptly for individualized advice. If your baby looks very ill, is difficult to wake, has poor color, or has breathing trouble, call emergency services instead.

Persistent vomiting or diarrhea can become dangerous when it causes dehydration or electrolyte abnormalities. Signs of dehydration in infants include markedly fewer wet diapers, very dry mouth, no tears when crying, sunken eyes, sunken soft spot, unusual sleepiness, weak cry, cool or mottled skin, or inability to keep fluids down. Call emergency services if dehydration signs are severe, your

baby is lethargic or limp, vomit is green or bloody, stool contains significant blood, or symptoms occur with severe abdominal swelling or distress.

How to make the emergency call effectively

When you call, say clearly that the patient is a baby and give the exact location first, including apartment number, gate code, floor, or nearby landmark. If the call drops, responders still need to know where to go. Then describe what is happening now: breathing status, responsiveness, color, bleeding, seizure activity, choking, suspected exposure, or injury mechanism.

Useful details include your baby's age, approximate weight if known, relevant medical conditions, prematurity history, medications, allergies, recent illness, and what care has already been given. Stay on the line until the dispatcher tells you to hang up. Dispatchers may provide step-by-step instructions for CPR, choking, bleeding control, or safe positioning.

Unlock the door if it is safe to do so.

Turn on outside lights at night.

Secure pets away from responders.

Gather medication bottles, allergy plans, or discharge papers if they are immediately nearby.

Do not spend time packing a bag if your baby's condition is unstable.

If you use relay services, text telephone services, real-time text, or other accessibility supports, use the emergency access method available in your area. Emergency telephone services are expected to provide direct and equal access for people with disabilities. If texting emergency services is available locally and calling is not possible, provide your location and the nature of the emergency immediately.

When it may be urgent but not an emergency call

Some situations need prompt medical advice but may not require an ambulance if your baby is breathing comfortably, responsive, well perfused, and not rapidly worsening. Examples may include mild feeding changes, low-grade fever in an older infant who is otherwise acting well, a small localized rash without systemic symptoms, or mild diarrhea with normal hydration. In these cases,

contacting your pediatrician, urgent care, or an after-hours pediatric triage line may be appropriate.

However, the boundary can change quickly. If a baby with a seemingly mild illness develops breathing difficulty, abnormal sleepiness, poor color, severe pain, repeated vomiting, signs of dehydration in infants, or any symptom that makes you fear immediate harm, escalate to emergency services. You are not expected to prove an emergency before calling. If you are in doubt about whether the situation is an emergency, calling emergency services is reasonable.

After any emergency visit or ambulance evaluation, arrange follow-up with your baby's clinician as advised. Follow-up helps review what happened, adjust care plans, and prepare for future episodes, especially for conditions such as seizures, allergy, respiratory illness, feeding problems, or recurrent dehydration.