## When to go to ER baby

### Breathing and circulation emergencies

Breathing problems are among the clearest reasons to seek emergency care. Go to the ER or call emergency services immediately if your baby is struggling to breathe, breathing unusually fast or slowly, grunting, or repeatedly pausing. Signs of increased work of breathing include nostril flaring, ribs or skin between the ribs pulling inward, pronounced abdominal effort, or an inability to feed because breathing takes priority.

Color change is also concerning. Blue, gray, or dusky lips, tongue, face, or skin may indicate inadequate oxygenation or circulation. A baby who suddenly becomes very pale, cold, limp, or difficult to arouse needs immediate assessment, particularly if the change is new or follows choking, illness, or an injury. Do not wait to see whether the color improves if your baby appears seriously unwell.

Some breathing sounds are emergencies even when the skin color remains normal. Stridor, a harsh sound when breathing in, severe wheezing, or repeated gasping can signal airway narrowing. Drooling with difficulty breathing or swallowing, sudden coughing after eating or playing with a small object, and suspected choking require urgent action. Follow the instructions of the emergency

dispatcher and begin age-appropriate first aid only if trained or directed to do so.

Keep the baby in a position that supports breathing while help is arranged, and avoid forcing milk, water, or medication. If breathing stops or the baby is unresponsive, call emergency services and follow dispatcher instructions for infant resuscitation.

**Fever, infection, and altered responsiveness**

Fever thresholds depend strongly on age. A rectal temperature of 38´℃ \(100.4´℉\) or higher in an infant younger than 3 months is generally considered an emergency-level concern and requires prompt medical evaluation, even if the baby is feeding reasonably well. Do not rely on touch alone to estimate temperature, and do not delay care while repeatedly checking it.

For older infants, fever is more concerning when accompanied by poor responsiveness, breathing difficulty, a seizure, persistent inconsolability, a markedly reduced intake, or a significant change in behavior. A baby who is unusually sleepy, limp, difficult to wake, or not interacting normally should be assessed urgently. Inability to awaken the baby, collapse, or a sudden decline warrants calling emergency services.

A seizure may involve rhythmic jerking, stiffening, staring with impaired awareness, unusual repetitive movements, or loss of responsiveness. Protect the baby from nearby objects, place the baby on a safe surface on the side when possible, and do not put anything in the mouth or restrain the movements. Call emergency services for a first seizure, a seizure lasting more than five minutes, repeated seizures, breathing difficulty, or failure to return toward the usual level of responsiveness.

A rash can be an important sign of serious infection. Seek emergency care for a rapidly spreading rash, purple or red spots that do not fade when pressed with a clear glass or finger, or a rash accompanied by fever, lethargy, breathing difficulty, or a stiff neck. A non-blanching rash is not diagnostic by itself, but it needs prompt professional assessment.

**Vomiting, diarrhea, and dehydration**

Vomiting is more urgent when it is repeated, forceful, green or bright yellow, bloody, or associated with abdominal distension, severe pain, lethargy, or inability to keep feeds down. Repeated vomiting in a young infant can lead to rapid fluid loss and may signal a condition that requires hospital assessment. Blood in vomit or stool, black tarry stool, or severe diarrhea with a visibly ill baby also warrants urgent evaluation.

Watch for signs of dehydration in infants, including substantially fewer wet diapers than usual, a dry mouth or tongue, absence of tears when crying, sunken eyes, unusual sleepiness, weakness, cool or mottled extremities, and a sunken soft spot. A baby who refuses several feeds, vomits every attempt at feeding, or is too sleepy to drink should be assessed promptly. Severe dehydration, unresponsiveness, or circulatory changes are emergencies.

Do not use a household estimate of diaper counts as the only measure of safety. Normal urine output varies with age, feeding pattern, and illness, and a rapidly changing pattern matters. Contact a clinician promptly if intake or urine output is falling. Emergency care is appropriate when dehydration appears advanced, symptoms are progressing quickly, or professional advice cannot be obtained without delay.

While arranging care, continue breastfeeding if the baby can safely feed and follow clinician guidance about oral rehydration. Do not dilute formula, give antiemetic or antidiarrheal medicines, or offer plain water to a young infant unless a healthcare professional specifically directs you.

**Injuries, poisoning, burns, and choking**

Go to the ER after a significant head injury, especially if the baby loses consciousness, vomits repeatedly, has a seizure, becomes unusually sleepy, develops unequal pupils, behaves abnormally, or has worsening irritability. A fall from a substantial height, a high-impact collision, suspected skull injury, or injury involving a large swelling should receive prompt professional assessment even if the baby initially seems well.

Call emergency services for uncontrolled bleeding, severe burns, electrical burns, chemical exposure, difficulty breathing after smoke exposure, or an

injury that leaves the baby unresponsive. Apply firm direct pressure to external bleeding with clean material when possible. Do not remove an embedded object, peel away stuck clothing, or apply creams to a serious burn before medical advice.

Any suspected poisoning, medication ingestion, or exposure to a household chemical requires immediate guidance from local emergency services or a poison control center. Do not induce vomiting and do not give food, milk, or activated charcoal unless instructed. Keep the container or product information available, note the likely amount and time of exposure, and tell responders the baby's age and weight.

If choking is suspected, emergency dispatchers can guide caregivers through infant first aid. A baby who continues coughing weakly, turns blue, cannot cry, or becomes limp needs emergency assistance. Even after an object appears to be removed, medical evaluation may be needed if breathing, feeding, or behavior is not completely normal.

**Allergic reactions and sudden swelling**

A severe allergic reaction can progress rapidly. Call emergency services for sudden swelling of the lips, tongue, mouth, or throat; noisy or difficult breathing; widespread hives with vomiting; marked pallor or limpness; collapse; or reduced responsiveness after a food, medication, insect sting, or other possible trigger. These signs may represent suspected infant anaphylaxis and require immediate medical treatment.

Infants may not show the classic adult description of anaphylaxis. A sudden combination of skin findings, respiratory changes, repeated vomiting, extreme sleepiness, or poor circulation is more concerning than an isolated small area of redness. Do not wait for every symptom to appear. If the baby has a prescribed emergency plan, follow it while contacting emergency services, and tell responders what was given and when.

After a severe reaction, observation in a medical setting may be necessary because symptoms can recur. Keep the baby under direct supervision and avoid giving new medicines or foods unless instructed by a clinician. If the reaction followed a new product or food, retain the packaging for assessment.

## When urgent advice may be enough

Not every concerning symptom requires an ambulance or ER visit. If your baby is alert, breathing comfortably, has normal color, can feed, and is producing urine, a same-day call to the pediatrician or an after-hours pediatric triage line may be appropriate for less severe symptoms. Examples can include a mild fever in an older infant without other warning signs, a limited rash with normal behavior, or a single episode of vomiting followed by normal feeding.

Telephone advice should not replace escalation when the baby worsens or when your observations are uncertain. Explain the baby's age, measured temperature and method, breathing pattern, feeding volume, wet diapers, vomiting or stool characteristics, medications or exposures, and any change from normal behavior. If you cannot reach a clinician and your concern is substantial, seek in-person assessment.

Emergency departments are appropriate for potentially serious symptoms that need examination, monitoring, oxygen, imaging, intravenous fluids, or other hospital resources. Call emergency services rather than driving if the baby is unresponsive, having severe breathing difficulty, actively seizing, blue or gray, bleeding heavily, or too unstable to transport safely. The dispatcher can help determine the safest next step and provide emergency instructions for caregivers.

## What to do while seeking help

Stay with the baby, monitor breathing and responsiveness, and note when the problem began. Use a thermometer if this does not delay emergency care. Bring the baby's medication list, relevant medical history, immunization information if readily available, and details of feeding, wet diapers, recent injuries, exposures, or travel. If poisoning or an allergic reaction is possible, bring the suspected product or its label.

Keep communication clear and factual. Tell the emergency dispatcher or triage clinician the baby's exact age, current location, symptoms, color, level of responsiveness, and whether breathing is normal. Mention prematurity, chronic conditions, immune compromise, recent procedures, or known allergies because

these can change risk assessment.

Do not leave an apparently ill infant alone to gather belongings. If another adult is available, have them collect essentials while you observe the baby. If you are driving to emergency care, use an appropriate rear-facing car seat and stop to call for emergency assistance if the baby’s condition changes. When symptoms are severe or rapidly evolving, professional guidance should take priority over transporting the baby yourself.