

Monitoring and Managing High Temperature (Fever) in Children

What is a fever?

A normal temperature in babies and children is about 36.4°C, but this can vary slightly from child to child. Fever is the body's natural response to fighting infections. Many things can cause a high temperature in children, from common childhood illnesses like chickenpox and tonsillitis, to vaccinations.

A high temperature is 38C or more.

Educators must be alert for signs that children have a high temperature, for example, they may:

- feel hotter than usual to the touch on their forehead, back or tummy
- feel sweaty or clammy
- have red cheeks
- look or feel unwell

If staff think a child has a fever, it is important they consider and exclude possible causes. For example, has the child been running about, wrapped in a blanket, is it a very hot day or it is warmer than usual in the room?

Staff must check children's temperature with an infrared (IR) ear thermometer, which is kept in the office. Clean hygiene caps must be used each time, or the thermometer must be cleaned using a clean cloth and antibacterial solution between uses. Forehead and underarm thermometers must not be used.

Children's temperature must be recorded on the **High Temperature Monitoring Form** and updated at 10 minute intervals.

Reducing a fever - what to do if a child has a high temperature of 38C or above

Do:

- give them plenty of fluids
- look out for signs of [dehydration](#) (sunken fontanelle, dry mouth, sunken eyes, absence of tears, poor overall appearance)
- give them food if they want it
- make them comfortable
- check on them regularly whilst asleep
- remove extra layers of clothing, however children should not be underdressed or over-wrapped
- ventilate the room
- cool an overly warm room - aim for a temperature of 16 - 20°C, however, do keep the child out of the way of drafts
- encourage the child to enjoy quieter, less physical activities

Don't

- undress the child or strip them down
- sponge them down with cool water

- cover them up in too many clothes or bedclothes
- put them in front of a fan or open window

If after taking the above steps, the temperature has reduced to below 38C within 20 minutes, the child may remain at nursery but should be observed closely for the rest of the session.

If the temperature remains high

If the child's temperature does not go down, the child's parent will need to be contacted.

Parents have a prime responsibility to provide information about their child's health and any medical conditions. This includes where medication has been administered before attendance at Nursery. Where a child has been given medicine prior to attending Nursery this must be noted on the child's **Medicine Record**.

When the parent is contacted staff may confirm whether the child has had a dose of an antipyretic (e.g. Calpol or Ibuprofen) prior to attending nursery and if so, what time it was given.

If the child has been given Calpol or Ibuprofen prior to coming to nursery, and within the past 4 hours, this must be noted on the **Medicine Record** and **High Temperature Monitoring Form** and arrangements made for them to go home.

If more than 4 hours have elapsed, or the child has not been given medication prior to attending the nursery, and the child appears distressed or unwell, a dose of Calpol may be administered to a child with a temperature of 38°C.

Parental consent to administer Calpol must be given on the child's registration form, and again when contacted by the nursery prior to the medication being given. The dose will be agreed upon with the parents and should never exceed that recommended by the manufacturer. The **Medicine Record** must then be completed by the Nursery Manager. Parents must sign the **Medicine Record** when they collect their child at the end of the session.

The child's temperature will continue to be monitored at 10 minute intervals.

If after taking the dose of Calpol, the temperature has reduced within 30 minutes, and the child does not appear distressed or unwell the child may remain at nursery; however, they must continue to be monitored throughout the remainder of the session.

If the child's temperature does not go down, or the child appears distressed or unwell the child's parent will need to be contacted, asked to take the child home, and seek medical advice.

Please note that it is at the Nursery Manager's discretion whether to allow a child to remain at nursery if they show signs of illness. The Nursery Manager will need to consider the child's demeanour and whether they are well enough to participate in nursery activities. The welfare of the child is paramount.

Fever in young children

Parents must be contacted, asked to collect their children and advised to call 111 or their GP if their child:

- is under 3 months old and has a temperature of 38C or higher
- is 3 to 6 months old and has a temperature of 39C or higher
- has other signs of illness, such as a rash, as well as a high temperature
- does not want to eat, or is not their usual self and the nursery team is worried
- is dehydrated – such as nappies that are not very wet, sunken eyes, and no tears when they're crying

Parents should also be advised to call 111 or their GP if their child:

- has a high temperature that's lasted for 5 days or more
- has a high temperature that does not come down with paracetamol

Knowing the signs of more serious illness

It is rare for fever to be a sign of anything serious (like meningitis, a urinary tract infection and sepsis).

Please Call 999 and inform the parent if the child:

- has a stiff neck
- has a rash that does not fade when a glass is pressed against it
- is bothered by light
- has a fit (febrile seizure) for the first time (they cannot stop shaking)
- has unusually cold hands and feet
- has pale, blotchy, blue, or grey skin
- has a weak, high-pitched cry that is not like their normal cry
- is drowsy and hard to wake
- finds it hard to breathe and sucks their stomach in under their ribs
- has a soft spot on their head that curves outwards (bulging fontanelle)

Side effects of children taking a vaccination or teething

Vaccines may cause a mild fever in children. This is a common and expected reaction; exclusion is not required unless further illness is suspected.

Whilst teething can cause some known side effects such as flushed cheeks and sore gums, [NHS Guidance](#) state that a fever of 38C or above is not a symptom of teething.

Parents should monitor side effects from vaccination or teething, and if they are concerned about their child's health, they should seek advice from their GP.

Administering medication

The Early Years Foundation Stage 3.47 states:

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

The administering of non-prescribed medication is not generally permitted at Nära Nurseries, the only exception to this is where the antipyretic Calpol is administered with the written consent of the parents in the case of a high temperature, and the antihistamine Piriton is administered in the event of a child's first allergic reaction whilst in our care. We do not use any other brands of antipyretics or antihistamines in our nurseries.

Only senior staff members (Nursery Manager, Nursery Deputy, or the named suitable person) will administer medication except for any emergency treatment that may be given by a trained member of staff as necessary e.g. Epi-pens. There must always be a second member of team to witness the administration of any medicine.

A **Medicine Record** must be maintained when a child requires any medication, either prescribed or non-prescribed, to be administered at the nursery.

Parents are shown the **Medicine Record** at the end of the day and asked to sign to acknowledge the administration of the medicine.

Calpol dosage guidance

- do not give to babies less than 2 months of age
- only give if the baby weighs over 4 kg and was born after 37 weeks
- for babies under 3 months, do not give more than 2 doses. this is to ensure that fever that may be due to a serious infection is quickly diagnosed. if the child is still feverish after two doses, talk to a doctor or pharmacist.
- do not give more than 4 doses in a 24-hour period
- leave at least 4 hours between doses
- contains paracetamol – do not use more than one product containing paracetamol at the same time
- for children aged 3 months to 6 years, do not give this medicine to a child for more than 3 days without speaking to a doctor or pharmacist
- for further advice, always read the label

NHS advice regarding antipyretics/pain relief also notes:

- do not combine ibuprofen and paracetamol (Calpol) unless a GP advises this. In this situation, the Nursery Manager must seek written confirmation from the child's GP.
- do not give paracetamol (Calpol) to a child under 2 months
- do not give ibuprofen to a child under 3 months or under 5kg
- do not give ibuprofen to children with asthma

References:

- NHS. (2020). Fever in children. Available: <https://www.nhs.uk/conditions/fever-in-children/> Last accessed 12th October 2022

- Dr Sarah Jarvis MBE. (2020). Fever in children. Available: <https://patient.info/childrens-health/fever-in-children-high-temperature> Last accessed 12th October 2022
- National Institute for Health and Care Excellence. (2019). Fever in under 5s: assessment and initial management. Available: <https://www.nice.org.uk/guidance/ng143/chapter/recommendations#antipyretic-interventions> Last accessed 12th October 2022