SYMPTOM

# Rash - child under 2 years

A rash is a change in a young child's skin colour, texture, or appearance.

**WHAT IT FEELS LIKE**
Itchy, sore, warm, bumpy, or not bothersome

**WHERE IT IS FELT**
Skin anywhere, often face, folds, or nappy area

**MOST COMMON CAUSES**
Nappy irritation, eczema, viral infections

**WHEN IT IS URGENT**
Non-blanching spots, breathing trouble, or fever under three months

**USUALLY LASTS**
Days to weeks, depending on the cause

**SEE A DOCTOR IF**
Persistent, worsening, painful, infected-looking, or affecting feeding

## Overview

A rash is any noticeable change in your child's skin. It may involve redness, darker or lighter patches, spots, bumps, blisters, scaling, or swelling. On brown or black skin, redness may look purple, grey, or darker than the surrounding skin.

Rashes are common in babies and toddlers. Their skin is sensitive to moisture, heat, rubbing, and products such as soap. Viral infections can also cause a rash, sometimes with fever or cold-like symptoms.

Most childhood rashes are not serious. However, the rash's appearance is only part of the picture. Your child's breathing, alertness, feeding, temperature, and general behaviour are also important.

## What it may feel or look like

A rash can be flat, raised, rough, scaly, blistered, or made up of separate spots. It may be limited to one area or spread across the body. Some rashes itch or hurt, while others do not seem to bother the child.

Useful details to notice include:

A rash that does not fade when pressed is called a non-blanching rash . It may resemble tiny red or purple pinpricks or bruises. On darker skin, check paler areas such as the palms, soles, lips, and inside the eyelids, but do not delay seeking help if your child seems unwell.

- Where the rash began and whether it is spreading
- Whether it fades briefly when pressed
- Whether there are blisters, crusts, swelling, or broken skin
- Whether your child has fever, cough, diarrhoea, or mouth sores
- Whether feeding, wet nappies, sleep, or behaviour have changed

## Common causes

Nappy rash affects skin covered by the nappy. Moisture, urine, stool, and rubbing can make the skin red, sore, or broken. A yeast infection can cause a bright rash that reaches into the skin folds, sometimes with smaller spots nearby.

Eczema causes dry, itchy, inflamed skin. In babies it often affects the cheeks, scalp, or outer arms and legs. It may become weepy or crusted if the skin is scratched or infected.

Heat rash causes small bumps or blisters where sweat becomes trapped. It often appears around the neck, chest, back, or skin folds after the child becomes hot.

Contact irritation can follow exposure to saliva, dribbling, wipes, soap, detergent, plants, or fragranced skin products. The rash is usually strongest where the product or moisture touched the skin.

Viral infections commonly cause widespread spots or patches. Roseola often causes several days of fever followed by a rash as the fever settles. Hand, foot and mouth disease may cause mouth sores and spots or blisters on the hands, feet, or nappy area.

Less common causes include hives, scabies, fungal infections, and bacterial skin infections. Hives are raised, itchy patches that can move or change shape. Scabies usually causes intense itching, often worse at night, and may affect other household members.

## When to seek medical care

Call emergency services now if your child has a rash with:

Seek urgent medical assessment the same day if your baby is under 3 months old and has a

temperature of 38°C or higher. Also seek prompt care if your child has a rash with breathing changes, poor feeding, repeated vomiting, fewer wet nappies, severe pain, or a fever and is becoming less responsive.

Arrange a routine appointment if the rash keeps returning, is worsening, lasts longer than expected, disrupts sleep, or does not improve with simple skin care. A clinician should also assess yellow crusting, pus, increasing warmth, swelling, or tenderness, which can suggest infection.

- Severe trouble breathing, blue or grey lips, or swelling of the tongue
- Unusual sleepiness, difficulty waking, confusion, or a seizure
- A non-blanching rash and they appear seriously unwell
- Rapidly spreading purple or bruise-like marks
- Widespread blistering, peeling skin, or painful sores around the eyes or mouth

## How the cause is found

A healthcare professional will examine the rash and your child's overall condition. They may ask when it started, where it first appeared, and whether your child has been ill or exposed to anyone with similar symptoms.

Tell them about new foods, medicines, skin products, detergents, animals, travel, and recent vaccinations. Photographs showing how the rash developed can be helpful, especially if it changes or fades before the appointment.

Most rashes can be assessed from the history and examination. Tests are not always needed. Depending on the findings, a clinician may take a skin swab, examine a skin scraping, or arrange blood or urine tests.

## Treatment and self-care

Treatment depends on the cause. Avoid using antibiotic, antifungal like fluconazole or terbinafine , antihistamine like cetirizine or loratadine , or steroid like prednisone or hydrocortisone products in a child under 2 unless a doctor or pharmacist confirms that the product is suitable.

For general skin comfort:

For nappy rash, change wet or soiled nappies promptly, clean gently, allow nappy-free time,

and apply a suitable barrier cream. Avoid scrubbing and talcum powder.

Do not pop blisters or deliberately expose your child to an infection. If the rash may be contagious, follow advice from your childcare setting or healthcare professional about staying home and avoiding contact with vulnerable people.

- Wash with lukewarm water and avoid fragranced soaps
- Use a plain, fragrance-free moisturiser on dry skin
- Dress your child in loose, breathable clothing
- Keep fingernails short to reduce skin damage from scratching
- Avoid overheating and keep sweaty skin folds dry

## What to expect

An irritation or heat rash may settle within a few days after the trigger is removed. Many viral rashes fade as the infection improves. Eczema often comes and goes and may need an ongoing skin-care plan.

The rash may change colour as it heals. Some inflammation leaves temporary lighter or darker marks, especially on darker skin. These marks can take longer to fade than the active rash.

Seek another assessment if your child is getting worse, new symptoms appear, or the rash is not following the expected course.

## Common questions

Can I check whether a rash fades under pressure?

You can press a clear glass firmly against a spot and look through it. If the spot remains visible, it may be non-blanching. This test is not perfect, particularly on darker skin. Seek urgent help if the rash does not fade and your child is unwell.

Could the rash be an allergy?

Some allergic reactions cause itchy, raised hives or swelling. Rashes can also have many non-allergic causes. Call emergency services for tongue or throat swelling, breathing difficulty, collapse, or marked drowsiness.

Should I keep my child away from childcare?

This depends on the cause and how well your child feels. Some infections require time away, while others do not. Ask your childcare provider or healthcare professional for advice specific

to the suspected infection.

Can teething cause a rash?

Dribbling during teething can irritate the skin around the mouth, chin, and neck. Teething does not explain a widespread rash, significant fever, or a child who appears unwell.

## Sources

- National Institute for Health and Care Excellence. Fever in under 5s: assessment and initial management (NG143)
- NHS. Rashes in babies and children
- DermNet. Napkin dermatitis
- DermNet. Atopic dermatitis
- Centers for Disease Control and Prevention. About Hand, Foot, and Mouth Disease