SYMPTOM

Rash & other skin problems in children

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

WHAT IT FEELS LIKE
Itchy, sore, bumpy, blistered, or simply discoloured skin

WHERE IT IS FELT
Anywhere on the skin, scalp, mouth, or nails

MOST COMMON CAUSES
Eczema, viral infections, contact irritation

WHEN IT IS URGENT
Fever with a rash that does not fade when pressed

USUALLY LASTS
Hours to weeks, depending on the cause

SEE A DOCTOR IF
Rash persists, worsens, or repeatedly disrupts sleep

Overview

A rash is any noticeable change in the skin. It may affect its colour, texture, temperature, or comfort. Some rashes cover a large area, while others appear as a few spots.

Rashes are common in children and have many possible causes. These include dry or irritated skin, eczema, infections, insect bites, allergies, and reactions to medicines. The appearance alone does not always reveal the cause.

Most childhood rashes are mild. However, a rash can occasionally be part of a more serious illness. How your child feels and behaves is often as important as how the rash looks.

What it may feel or look like

A rash may be flat, raised, rough, scaly, swollen, crusted, or blistered. It may itch, sting, burn, or feel painful. Some rashes cause no discomfort.

Changes in colour can look different across skin tones. In lighter skin, inflammation may look pink or red. In brown or black skin, it may look purple, grey, darker brown, or simply different from the surrounding skin. Swelling, warmth, texture, and tenderness may be easier to notice

than colour.

Look at the whole body, including the scalp, behind the ears, skin folds, palms, soles, mouth, and around the genitals. Note whether the rash is spreading and whether your child has fever, cough, sore throat, vomiting, diarrhoea, joint pain, or unusual tiredness.

Common causes

Dry skin and eczema often cause itchy, rough, inflamed patches. Eczema may come and go. In babies it commonly affects the face and outer limbs; in older children it often affects the elbow and knee creases.

Contact irritation can follow exposure to soap, saliva, wipes, plants, metals, fragrances, or cleaning products. The rash is usually strongest where the substance touched the skin. Heat, sweat, rubbing, and tight clothing can also irritate skin.

Viral infections can cause widespread spots or patches, sometimes with fever or cold-like symptoms. Hand, foot and mouth disease, chickenpox, and other viral illnesses have different patterns, but these can overlap.

Insect bites and hives usually cause raised, itchy bumps. Hives are smooth, swollen patches that can change shape or move to different areas over several hours.

Less common causes include fungal or bacterial infections, scabies, psoriasis, reactions to medicines, and inflammatory conditions. A painful, warm, swollen patch may be a skin infection and needs prompt assessment, particularly if it is spreading.

When to seek medical care

Call emergency services now if your child has a rash along with trouble breathing, swelling of the tongue or throat, collapse, severe weakness, or difficulty waking. These can be signs of a severe allergic reaction or serious illness.

Seek emergency medical care for a rash that does not fade when firmly pressed, especially if your child has a fever or appears very unwell. You can check by pressing the side of a clear drinking glass against the spots. Non-fading spots may look red, purple, or bruise-like. On darker skin, check paler areas such as the palms, soles, or inside the eyelids. Do not delay care to keep repeating this test.

Arrange urgent, same-day medical assessment if:

For routine care, book an appointment if the rash lasts longer than expected, keeps returning,

becomes infected, or interferes with sleep or daily activities. Signs of infection include increasing pain, warmth, swelling, pus, or yellow crusts.

- The skin is blistering, peeling, very painful, or rapidly worsening
- The rash affects the eyes, lips, mouth, or genitals
- A warm, swollen area is spreading or occurs with fever
- Your child has a stiff neck, confusion, unusual drowsiness, or severe headache
- A baby under 3 months has a temperature of 38°C or higher
- The rash began after a new medicine and your child feels unwell

How the cause is found

A healthcare professional will ask when the rash began, where it first appeared, and how it has changed. They may ask about fever, itching, recent illness, medicines, skin products, travel, animals, insect exposure, and contact with people who have similar symptoms.

They will examine the rash and your child's general condition. Most rashes can be assessed without tests. Sometimes a skin scraping, swab, blood test, allergy assessment, or specialist review is needed.

Photographs taken in good light can help if the rash changes or disappears before the appointment. Include both close-up images and a wider view showing where it is located.

Treatment and self-care

Treatment depends on the cause. Antibiotics like amoxicillin or doxycycline do not help viral rashes, and antifungal or steroid like prednisone or hydrocortisone creams only help certain conditions. Avoid using someone else's prescription cream.

For an itchy or irritated rash, use lukewarm rather than hot baths. Apply a fragrance-free moisturiser regularly, especially after washing. Choose loose, soft clothing and keep your child's nails short to reduce skin damage from scratching.

Try to avoid any product or substance that clearly makes the rash worse. Do not deliberately expose your child to a suspected food or medicine trigger.

A pharmacist or healthcare professional can advise whether an antihistamine like cetirizine or loratadine , medicated cream, or pain reliever is suitable for your child's age and symptoms. Follow the product instructions or the treatment plan you were given. Avoid popping blisters or

picking crusts.

What to expect

A mild irritation or episode of hives may settle within hours or days. Viral rashes often improve as the infection clears. Eczema and some other skin conditions can return and may need an ongoing skin-care plan.

Colour changes can remain after the active rash has healed, especially in darker skin. These marks often fade gradually. Seek follow-up if the rash is not improving as expected, changes character, or is joined by new symptoms.

Common questions

Is every non-fading rash dangerous?

No. Bruises and some other skin changes do not fade when pressed. However, a new non-fading rash with fever or illness needs urgent assessment because it can occur with serious infections.

Can my child attend school or childcare?

It depends on the cause and how your child feels. A rash alone does not always mean a child is contagious. Keep your child home if they have a fever, cannot take part comfortably, or have been advised to stay away because of a specific infection.

Should I stop a new medicine?

Do not make assumptions based on the rash alone. Get prompt medical advice from the prescriber or a pharmacist. Seek emergency help if the rash occurs with breathing difficulty, facial or tongue swelling, collapse, widespread blistering, or peeling skin.

Could the rash be a food allergy?

Food allergy can cause hives, swelling, vomiting, or breathing symptoms, but many childhood rashes have other causes. Record what was eaten and when symptoms appeared. Do not remove major foods from your child's diet without appropriate advice.

Sources

- NHS. Rashes in babies and children

- National Institute for Health and Care Excellence. Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management. NICE guideline NG240
- National Institute for Health and Care Excellence. Atopic eczema in under 12s: diagnosis and management. Clinical guideline CG57
- Royal Children's Hospital Melbourne. Clinical Practice Guideline: Petechiae and purpura
- DermNet New Zealand. Rashes in children