SYMPTOM

Rashes in babies and children

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

WHAT IT FEELS LIKE
Itchy, sore, warm, bumpy, or not felt at all

WHERE IT IS FELT
One area, skin folds, or across the body

MOST COMMON CAUSES
Viral infections, eczema, contact irritation

WHEN IT IS URGENT
Fever with a purple rash that stays under pressure

USUALLY LASTS
Days to weeks, depending on the cause

SEE A DOCTOR IF
It persists, spreads, or keeps returning

Overview

A rash is a change in the colour, texture, or appearance of your child's skin. It may be flat or raised, limited to one area, or spread across much of the body.

Rashes are common in babies and children. Many are caused by mild viral illnesses, eczema, heat, or contact with something irritating. Others need treatment, and a small number can be a sign of serious illness.

The rash is only one part of the picture. Your child's age, temperature, breathing, energy, feeding, and other symptoms can be more important than how the skin looks.

Rashes may also appear differently across skin tones. Redness can look red, purple, brown, or grey. Changes in warmth, swelling, and skin texture may be easier to notice than colour.

What it may feel or look like

A rash may be:

Notice where the rash started and whether it is changing. Check the scalp, behind the ears, skin folds, hands, feet, and inside the mouth.

Some rashes blanch , meaning they briefly fade when pressed. You can press a clear drinking glass firmly against a spot to check. A red or purple rash that does not fade is called a non-blanching rash . This can be difficult to assess on darker skin, so also check paler areas such as the palms and soles. Do not let this test delay medical help if your child seems unwell.

- flat, raised, rough, scaly, blistered, or crusted
- itchy, painful, warm, or not uncomfortable
- made up of spots, patches, rings, bumps, or tiny dots
- dry or weeping fluid
- limited to one area or spreading

Common causes

Common causes include viral infections. These may cause widespread pink, red, or darker patches, often with fever, a runny nose, cough, or diarrhoea. The rash may appear during the illness or as the child starts to recover.

Eczema causes dry, itchy, inflamed skin. In babies it often affects the face and outer limbs. In older children it commonly appears in the folds of the elbows and knees.

Contact irritation can follow exposure to soaps, saliva, plants, detergents, or other substances. Nappy rash develops where moisture, urine, stool, and rubbing affect the skin. Heat rash causes small bumps in warm, sweaty areas.

Hives are raised, itchy swellings that can change shape or move around. Viral infections commonly trigger hives in children. Food, medicines, insect stings, or other allergens can also trigger them.

Less common causes include ringworm, scabies, impetigo, chickenpox, and other infections. Clues can include ring-shaped patches, intense night-time itching, honey-coloured crusts, or fluid-filled spots. A clinician may need to examine these because several conditions can look alike.

Urgent causes are uncommon but include serious bacterial infection, a severe allergic reaction, and severe reactions affecting the skin and moist surfaces such as the mouth or eyes. These are usually accompanied by other concerning symptoms.

When to seek medical care

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

Seek urgent same-day medical care for a non-blanching rash, especially with fever or if your child seems unwell. Do not wait for every possible symptom to appear.

A baby younger than 3 months with a temperature of 38°C or higher needs urgent medical assessment. Also get same-day advice if the rash is painful, hot, rapidly spreading, near the eye, or accompanied by poor feeding, repeated vomiting, reduced urination, or unusual sleepiness.

Contact a clinician promptly if your child has fever, cough, runny nose, sore red eyes, and a spreading rash, particularly after possible measles exposure. Call before attending because measles spreads easily.

Book a routine appointment if the rash persists, repeatedly returns, disrupts sleep, or does not improve with suitable skin care. Arrange review sooner if there are signs of infection, such as increasing pain, warmth, swelling, pus, or crusting.

- is struggling to breathe or has swelling of the lips, tongue, or throat
- is very difficult to wake, confused, floppy, or having a seizure
- has blue, grey, unusually pale, or blotchy skin
- has a rapidly spreading red or purple rash that does not fade under pressure
- has widespread blistering or peeling with mouth, eye, or genital sores

How the cause is found

A clinician will ask when the rash began, where it started, and how it has changed. They may ask about fever, itching, pain, recent illness, medicines, vaccinations, allergies, travel, animal contact, and whether anyone else has a similar rash.

They will examine the rash and assess how well your child is. Most childhood rashes can be assessed from the history and examination. Blood tests, skin swabs, scrapings, or allergy tests are only needed in some situations.

Photos taken in good light can help show how the rash has spread or changed. Avoid filters, and include both close-up and wider views.

Treatment and self-care

Treatment depends on the cause. Antibiotics like amoxicillin or doxycycline do not help viral

rashes, while some bacterial or fungal infections need specific medicine.

For a mild rash while your child is otherwise well:

Ask a pharmacist or clinician before using medicated creams or antihistamines like cetirizine or loratadine , especially for a baby. Choose products suitable for your child's age and follow the label. Do not use someone else's prescription medicine.

Keep blistered or weeping skin clean, and avoid sharing towels. If an infection may be contagious, ask when your child can return to nursery or school.

- use lukewarm water and fragrance-free cleansers
- apply an unperfumed moisturiser to dry skin
- keep your child cool and dress them in loose clothing
- discourage scratching and keep fingernails short
- offer regular fluids during a fever or illness
- avoid new cosmetics, scented products, and suspected irritants

What to expect

Many viral rashes settle as the infection improves, often over several days. Hives may appear and disappear in different places. Eczema and contact irritation can last longer or return after another trigger.

The rash may temporarily look more obvious after a warm bath, exercise, crying, or sleep. What matters most is whether your child is becoming more comfortable and behaving more like themselves.

Seek another assessment if the rash changes unexpectedly, treatment is not helping, or new symptoms develop.

Common questions

Can teething cause a body rash?

Teething may lead to drooling and irritation around the mouth or chin. It does not usually explain a widespread rash, high fever, or a child who seems very unwell.

Does a non-blanching rash always mean a serious infection?

No. Coughing, vomiting, minor injury, and other conditions can cause tiny non-blanching spots.

However, a new non-blanching rash should receive urgent medical assessment, particularly with fever or illness.

Can my child attend nursery or school?

This depends on the cause and how well your child feels. Some infections require time away, while eczema and non-infectious rashes do not spread to others. Ask the nursery, school, pharmacist, or clinician if the cause is uncertain.

Should I avoid foods because of a rash?

Do not remove major foods from your child's diet without advice. Food allergy is more likely when hives or swelling appear soon after eating, especially with vomiting, coughing, wheezing, or breathing difficulty.

Sources

- Rashes in babies and children - NHS
- Fever in under 5s: assessment and initial management, guideline NG143 - National Institute for Health and Care Excellence
- Clinical Practice Guideline: Petechiae and purpura - Royal Children's Hospital Melbourne
- Clinical Practice Guideline: Urticaria - Royal Children's Hospital Melbourne
- Signs and symptoms of measles - US Centers for Disease Control and Prevention