



Child Fever in Singapore: GP, Emergency Department or 995?

Description

A child under three months with a temperature of 38°C or more needs immediate medical assessment. At any age, difficulty breathing, a seizure, unusual drowsiness, confusion, pale or grey colour, poor drinking or sharply reduced urine output are emergency signs. The controlling references checked for this guide are [HealthHub child fever guide](#) and [MOH seeking a doctor](#).

Choose the branch that matches your case

Situation	Action
Under three months and 38°C or more	Seek immediate medical assessment
Breathing trouble, seizure, difficult to wake or grey colour	Go to Children's Emergency or call 995 for life-threatening distress
Alert, drinking and no red flags	Contact a GP and monitor closely
Mild-to-moderate problem but GP refers onward	Use the documented GPFirst referral route where applicable

Age changes the threshold

HealthHub flags 38°C in a child under three months as an immediate Children's Emergency reason. [HealthHub child fever guide](#).

Record age and how temperature was measured. This matters because the decision is not complete until the evidence, timing and responsible person agree.

Behaviour matters more than one number

A child who is difficult to awaken, confused, inconsolable or very lethargic needs urgent care even if the temperature is not extreme. [MOH seeking a doctor](#).

Assess the child while awake, not only during sleep. This matters because the decision is not complete until the evidence, timing and responsible person agree.

Breathing and colour are red flags

Difficulty breathing and pale or grey appearance are emergency signs. [HealthHub child fever guide](#).

Call 995 when breathing is severely compromised or the child is unresponsive. This matters because the decision is not complete until the evidence, timing and responsible person agree.

Hydration needs a trend

Drinking less and passing significantly less urine can signal deterioration. [MOH seeking a doctor](#).

Record fluids, vomiting and last urine rather than saying the child drank ‘‘some’’. This matters because the decision is not complete until the evidence, timing and responsible person agree.

Seizures need safe first aid

Place the child on the side, clear nearby objects and put nothing in the mouth. HealthHub says a seizure over five minutes warrants 995; a shorter seizure still needs medical review. [HealthHub child fever guide](#).

Time the seizure from the start. This matters because the decision is not complete until the evidence, timing and responsible person agree.

Use GP care for stable cases

MOH advises GP care for many mild-to-moderate conditions so Emergency Departments can focus on emergencies. [MOH seeking a doctor](#).

Call ahead for holiday opening and disclose the child’s age and symptoms. This matters because the decision is not complete until the evidence, timing and responsible person agree.

Use a six-signal fever triage card

Turn the rule into a working aid with columns for the controlling fact, the evidence you hold, the result and the date checked. For this task, the decisive question is to recognise emergency signs and choose the appropriate Singapore care route without delaying urgent treatment. A blank evidence cell is a stop sign, not permission to use a remembered number or a marketing summary.

Test at least two plausible branches from the table above. That comparison shows which fact changes the answer and prevents the most convenient scenario from being treated as the only possible one. Label every arithmetic step as an LBRD calculation and keep the official figure beside it.

Add a seizure timing and escalation checklist

The second aid should expose what the first one can hide: a deadline, cost, handover, alternative route or follow-up duty. Write the downside of being wrong beside each branch. Where the consequence is legal, financial, medical or safety-related, the competent authority and case-specific professional decision remain controlling.

Recheck the live source immediately before the irreversible step. Save only the minimum evidence needed, protect personal details, and note any limitation. Record who will act, the last safe date and the evidence that closes the task.

Stop when the evidence no longer matches

Pause the decision if you encounter using temperature alone, waiting on an infant under three months, putting an object in a child's mouth during a seizure. Those are not small drafting errors; each can change the eligibility, cost, route or safety outcome described above. Return to HealthHub child fever guide for the controlling rule and use MOH seeking a doctor to check the second part of the decision.

If the authority page, account record, booking screen or case document disagrees with this guide, use the live record. Escalate to the named organisation or an appropriately qualified professional when a deadline is running, a child or adult is unwell, a licence or tax position is uncertain, or an irreversible payment is due. Keep the question narrow and provide the facts needed for a case-specific answer.

Work through a realistic example

A two-year-old has 38.7°C fever but is alert, drinking and urinating normally with no breathing problem or rash. A GP assessment may be appropriate. If the same child becomes hard to wake or struggles to breathe, the route changes immediately to emergency care.

Before you act

1. Measure temperature correctly
2. Record the child's age
3. Check alertness and consolability
4. Watch breathing and colour
5. Track fluids and urine
6. Time any seizure
7. Escalate when a red flag appears

Mistakes that change the answer

- Using temperature alone
- Waiting on an infant under three months
- Putting an object in a child's mouth during a seizure

- Driving a severely distressed child instead of calling 995
- Using this article as a diagnosis

Related LBRD guides

Next, [handle a common childhood infection](#). You can also [make another family health-risk decision](#).

Questions readers ask

Is every fever an emergency?

No. Route by age, behaviour and red flags, and consult a GP for stable cases.

When should I call 995?

For life-threatening distress such as severe breathing difficulty, unresponsiveness or a prolonged seizure.

Can I wait if a baby under three months has 38.5°C?

HealthHub advises immediate Children's Emergency assessment.

Date Created

06/08/2026

Author

nuraisyah