

Supplementary Table S1 Complete search strategies for all databases and additional sources

Search date: June 12, 2026; **Publication period:** January 1, 2010 to June 12, 2026

Source	Complete search strategy
MEDLINE (via PubMed)	("Fever"[Mesh] OR "Pyrexia"[tiab] OR "fever"[tiab] OR "high temperature"[tiab]) AND ("Child"[Mesh] OR "Pediatrics"[Mesh] OR "child"[tiab] OR "children"[tiab] OR "pediatric"[tiab] OR "infant"[tiab] OR "neonate"[tiab] OR "adolescent"[tiab]) AND ("Practice Guideline"[Publication Type] OR "Practice Guidelines as Topic"[Mesh] OR "guideline"[tiab] OR "guidelines"[tiab] OR "recommendation"[tiab] OR "recommendations"[tiab] OR "clinical practice guideline"[tiab]) AND ("2010/01/01"[Date - Publication] : "2026/06/12"[Date - Publication])
Scopus	TITLE-ABS-KEY((fever OR pyrexia OR "high temperature") AND (child* OR pediatric OR infant* OR neonate* OR adolescent*) AND ("clinical practice guideline" OR guideline* OR recommendation*)) AND PUBYEAR > 2009
Web of Science	TS=((fever OR pyrexia OR "high temperature") AND (child* OR pediatric OR infant* OR neonate* OR adolescent*) AND ("clinical practice guideline" OR guideline* OR recommendation*)) AND PY=(2010-2026)
Cochrane Library	(fever OR pyrexia OR "high temperature") AND (child* OR pediatric OR infant* OR neonate* OR adolescent*) AND ("clinical practice guideline" OR guideline* OR recommendation*)
Guideline repositories and organizational websites	Targeted searches were performed in guideline repositories and on the official websites of relevant international and national health organizations and pediatric societies using combinations of the terms "fever", "pyrexia", "child", "pediatric", "guideline", and "recommendation". The latest available version of each potentially eligible guideline was manually verified on the relevant official website on June 12, 2026. Non-English guidelines were eligible only when an authoritative official English translation was available.
Reference-list screening	Reference lists of included guidelines and relevant review articles were screened for additional eligible documents.

Note: The search date refers to the final execution and verification of all searches. The publication period defines the eligible guideline publication or update window.

Supplementary Table S2 Documents excluded after full-text assessment and reasons for exclusion

First author and source	Year	Reason for exclusion
Naidu G. S Afr Med J.	2026	Population outside the scope of the review
Adekunle M. JCO Glob Oncol	2025	Population outside the scope of the review
Douglas AP. Intern Med J	2025	Population outside the scope of the review
Jessop S. Intern Med J.	2025	Population outside the scope of the review
Lehrnbecher T. J Clin Oncol	2025	Population outside the scope of the review
Thursky KA. Intern Med J	2025	Population outside the scope of the review
Dupuis LL. Pediatr Blood Cancer	2024	Population outside the scope of the review
Shaughnessy EE. J Hosp Med	2022	Population outside the scope of the review
Santolaya ME. Rev Chilena Infectol	2021	Population outside the scope of the review
Pakakasama S. Pediatr Int	2011	Population outside the scope of the review
Govender I. S Afr Fam Pract	2026	Not a clinical practice guideline / review / commentary
Haberman S. BMJ Paediatr Open	2025	Not a clinical practice guideline / review / commentary
Kiss A. Orv Hetil	2025	Not a clinical practice guideline / review / commentary
Chiappini E. Front Pediatr	2022	Not a clinical practice guideline / review / commentary
Diaz Kane MM. Pediatr Ann	2022	Not a clinical practice guideline / review / commentary
Hamilton JL. Am Fam Physician	2020	Not a clinical practice guideline / review / commentary
Davis T. Arch Dis Child Educ Pract Ed	2013	Not a clinical practice guideline / review / commentary
Hoover LA. Am Fam Physician	2012	Not a clinical practice guideline / review / commentary
Navarro García MA. Rev Enferm	2010	Not a clinical practice guideline / review / commentary
Cooper M. J Am Coll Radiol	2025	Fever without source / febrile infant guideline
Rupasinghe H. J Paediatr Child Health	2025	Fever without source / febrile infant guideline
Jackowska T. Przegląd Pediatr	2024	Fever without source / febrile infant guideline
Silvagni D. Minerva Pediatr	2022	Fever without source / febrile infant guideline
ACEP. Ann Emerg Med	2016	Fever without source / febrile infant guideline
Westra SJ. Am Coll Radiol	2016	Fever without source / febrile infant guideline
Mahajan P. Indian Pediatr	2017	Specialized clinical setting or emergency department protocol
Nijman RG. Ned Tijdschr Geneeskd	2014	Specialized clinical setting or emergency department protocol
Green R. S Afr Med J	2013	Duplicate publication or superseded guideline
NCC-WCH guideline	2013	Duplicate publication or superseded guideline
Chiappini E. Clin Ther	2012	Duplicate publication or superseded guideline

Supplementary Table S3 Characteristics of included pediatric fever clinical practice guidelines

Guideline (Reference)	Year of includ ed versio n	Developing organization	Version	Country/ Region	Target population	Evidence assessment method	Recommendation grading system
AAP[15]	2022	American Academy of Pediatrics	Reaffirmed with reference and data updates	USA	Children	Narrative evidence synthesis; formal assessment method not explicitly reported	Not explicitly reported
Brazil[16]	2022	Expert panel	Original version	Brazil	Children	Non-systematic literature review	Not explicitly reported
China[17]	2026	Chinese Society of Infectious Diseases and collaborating professional organizations	Original version	China	Children	Systematic literature search	Strong (“Recommend”) and weak (“Suggest”) recommendations; good practice statements; ≥80% consensus threshold
NHG[18]	2025	Dutch College of General Practitioners	Update	Netherland s	Children <18 years	Targeted systematic literature searches	NHG methodology; no uniform grading scale displayed in the guideline
DGKJ[19]	2025	German Society of Pediatrics and Adolescent Medicine	Original version	Germany	Children and adolescents	Literature search with endpoint-specific GRADE assessment	AWMF three-level recommendation grading: A, B, and 0
Hungary [20]	2025	Hungarian Healthcare Professional College	Original version	Hungary	Children <18 years	Review of international guidelines and targeted literature searches; USPSTF-based evidence grading	NZGG-based A–D recommendation grading
SIP [21]	2017	Italian Pediatric Society	Update	Italy	Children	Systematic literature review	Evidence levels I–VI and recommendation grades A–E (NGLP methodology)
NICE[22]	2021	National Institute for Health and Care Excellence	Update	England	Children <5 years	Systematic literature review	NICE methodology
Poland[23]	2021	Multidisciplinary expert panel	Original version	Poland	Children	Literature review	Evidence levels I–VI and recommendation grades A–E; framework not explicitly named
SSA[24]	2021	Multidisciplinary expert group	Update	Sub- Saharan Africa	Children	Literature search and evidence review	No separate recommendation grading; evidence categories A–C
WHO[25]	2013	World Health Organization	Second edition	Internation al	Children	Evidence synthesis based on WHO clinical guidelines	Not explicitly reported

Abbreviations: AAP, American Academy of Pediatrics; DGKJ, German Society of Pediatrics and Adolescent Medicine; NHG, Dutch College of General Practitioners; NICE, National Institute for Health and Care Excellence; SIP, Italian Pediatric Society; SSA, Sub-Saharan African expert group; WHO, World Health Organization.

Supplementary Table S4 Comparison of key recommendations across international clinical practice guidelines for the assessment and management of fever in children

Clinical domain	Recommendation item	AAP	Brazil	China	DGKJ	Hungary	NHG	NICE	Poland	SIP	SSA	WHO
Temperature assessment	Fever definition	—	—	≥37.6°C (Ax/Or) ≥38.0°C (Rec/Tym)	≥38.5°C (core); ≥38.0°C (core, <3 mo)	>38.0°C (core)	≥38.0°C (Rec)	—	≥38.0°C (Rec)	—	≥37.5°C (Ax)	—
	▸ Rectal	—	—	C ^a	✓	✓	✓	X	✓	X	X	—
	▸ Axillary	—	—	✓	X	✓	X	✓	✓	✓	✓	—
	▸ Oral	—	—	✓ (≥5 y)	✓ (adolescents)	✓ (>5 y)	—	X	✓ (>5 y)	X	X	—
	▸ Tympanic	—	—	✓ (≥5 y)	✓ (≥1 y)	✓ (>6 mo)	✓ (>6 mo)	✓ (>4 wk)	✓ (>6 mo)	✓ (>4 wk)	✓ (>4 wk)	—
	▸ Forehead	—	—	X	✓	X	—	X	X	X	X	—
	▸ Thermometer type	—	—	Digital; gallium; infrared	Digital; infrared	Digital; gallium; infrared	Digital	Digital; infrared	Digital; infrared	Digital; infrared	Digital; glass; infrared	—
Antipyretic therapy	Fever height alone not a reliable indicator of SBI	X	X	X	X	X	X	X (>6 mo)	X	X	X	—
	Relief of distress/discomfort	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Body temperature threshold	X	X	≥38.2°C Ax	X	C ^b	X	X	X	X	C ^b	≥39°C Rec
	Paracetamol											
	▸ Recommended	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	▸ Minimum age	3 mo	Birth	2 mo	—	—	Birth	—	Birth	Birth	3 mo	2 mo
	▸ Dose (mg/kg/dose)	10–15	10–15	10–15	10–15	—	—	—	15	10	15	15
	▸ Dosing interval	4–6 h	4–6 h	4–6 h	—	—	—	—	4–6 h	4–6 h	6 h	6 h
	▸ Maximum daily dose (mg/kg/day)	90	50–75	≤60	60 ^c	—	—	—	60	40	90	—
	▸ Preferred route of administration	Or	Or	Or	—	Or	Or	Or	Or	Or	Or	Or
	Ibuprofen											
	▸ Recommended	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	▸ Minimum age	6 mo	6 mo	6 mo	3 mo	—	3 mo	—	3 mo	—	3 mo	—
	▸ Dose (mg/kg/dose)	10	5–10	5–10	7–10	—	—	—	5–10	10	10	10
	▸ Dosing interval	6 h	6–8 h	6–8 h	—	—	—	—	6–8 h	6–8 h	6 h	6–8 h
	▸ Maximum daily dose (mg/kg/day)	40	40	≤40	40	—	—	—	30	30	40	40
	Other antipyretic agents	—	Dipyrrone	—	Metamizole	Metamizole	—	—	Metamizole	—	Mefenamic acid	X
	Combined antipyretic therapy	C ^d	X	X	—	—	X	X	X	X	X	—
	Alternating antipyretic therapy	C ^e	X	C ^e	C ^e	C ^e	X	C ^e	C ^e	X	X	—

Clinical domain	Recommendation item	AAP	Brazil	China	DGKJ	Hungary	NHG	NICE	Poland	SIP	SSA	WHO
Physical methods	Antipyretics for prevention of febrile seizures	X	X	X	X	X	X	X	X	X	X	—
	Prophylactic antipyretics for vaccination	C ^f	X	X	C ^f	X	X	—	X	X	X	—
	Tepid sponging	X	X	C ^g	X	X	—	X	C ^g	X	X	—
	Underdressing	—	—	X	X	X	—	X	X	—	X	C ^h
Caregiver education	Advice for caregivers caring for a febrile child at home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Advice on when to seek medical attention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Abbreviations and symbols

AAP: American Academy of Pediatrics; DGKJ: German Society of Pediatrics and Adolescent Medicine; NHG: Dutch College of General Practitioners; NICE: National Institute for Health and Care Excellence; SIP: Italian Pediatric Society; SSA: Sub-Saharan African expert group; WHO: World Health Organization.

Ax: axillary; Or: oral; Rec: rectal; Tym: tympanic; SBI: serious bacterial infection.

Age qualifiers in parentheses indicate the age group or minimum age for which the recommendation applies.

Symbols: ✓ Recommended; C Conditionally recommended; X Not recommended; — Not reported.

Footnotes

^a Rectal. China: The Chinese guideline conditionally recommends rectal thermometry only when other methods are not applicable or unreliable.

^b Body temperature threshold. Hungary: Routine antipyretic therapy is not recommended solely to reduce body temperature; however, antipyretics may be considered when body temperature is >40°C and accompanied by increased metabolic demand or significant clinical compromise (e.g., burns, shock, postoperative state, dehydration, or electrolyte disturbances); SSA: Antipyretic therapy is recommended at ≥38.5°C in children with suspected malaria.

^c Paracetamol maximum daily dose (mg/kg/day). DGKJ: Maximum daily paracetamol dose is 60 mg/kg/day for children <12 years (maximum 4000 mg/day for children ≥12 years).

^d Combined antipyretic therapy. AAP: Does not explicitly recommend or prohibit combined antipyretic therapy; the guideline states that evidence is insufficient to support or refute the routine use of combined treatment.

^e Alternating antipyretic therapy. AAP: May be used at clinician discretion with careful parental counseling on dosing and intervals; China: May be considered if the child remains uncomfortable or discomfort recurs before the next scheduled dose; DGKJ: May be considered after medical consultation in children with persistent distress; Hungary: May be considered only if necessary to avoid exceeding the maximum dose of a single antipyretic; NICE: May be considered only if the child remains distressed before the next scheduled dose; Poland: May be considered only in children with persistent or recurrent distress.

^f Prophylactic antipyretics for vaccination. AAP: The guideline neither explicitly recommends nor prohibits routine prophylactic antipyretic use for vaccination; DGKJ: Routine prophylactic antipyretics for vaccination are not recommended as a blanket rule—the guideline refers clinicians to current recommendations of the German Standing Committee on Vaccination (STIKO) regarding meningococcal B vaccination.

^g Tepid sponging. China: Tepid (32–34°C) sponging may be used as an adjunct to antipyretic therapy in children with persistent high fever; however, its cooling effect is short-lived and it may provoke crying or chills. Alcohol sponging is not recommended because of the risk of systemic absorption and alcohol toxicity; Poland: Physical cooling methods, including tepid sponging, are recommended only in combination with previously administered antipyretic therapy.

^h Underdressing. WHO: Undressing is recommended only for young infants (<2 months) with high fever and during the management of febrile convulsions. For other febrile children, the guideline advises light clothing rather than routine undressing.