

Febrile Convulsion Information Leaflet

Information for Patients

This information leaflet explains the causes, symptoms and treatment of febrile convulsions. If there is anything you do not understand, please feel free to ask the medical or nursing staff at the hospital.

The words convulsions, fits and seizures all mean the same things and they describe what happens when there is a sudden burst of abnormal electrical activity in the brain.

It can be very frightening to witness someone having a seizure and you may feel very helpless at the time. Most parents who witness their child having a seizure will say how scared they were, even being afraid their child may die. However most seizures are brief, stop on their own and do not cause harm. The purpose of this leaflet is to help you understand what has actually happened and what you should know for the future.

What are febrile convulsions?

Febrile is the medical term for fever / high temperature.

Febrile convulsions are a type of seizure that can happen during infancy or childhood, usually between 3 months and 5 years of age and are associated with a high temperature (Above 38 degrees).

Febrile convulsions can run in families. The high temperature is usually due to common viruses which cause ear, throat or chest infection. It can also be due to bacterial infections such as a urine infection.

Febrile convulsions are described as 'simple' or 'complex'. A simple convulsion lasts less than 15 minutes and does not happen again during the same illness. A complex convulsion lasts longer than 15 minutes, affects only one side or part of the body and/or recurs within 24 hours or during the same illness.

During a seizure your child may go stiff, jerking, shaking, twitching or go floppy. Their eyes may roll or flicker. They may change colour, going red, pale or blue. They may be incontinent. If standing they may fall over. When someone has a seizure they may be unconscious/unresponsive- making them unaware of what is happening and they may be very tired or drowsy afterwards.

Are febrile convulsions common?

Yes they are common affecting up to 5% of children (1 in 20 children) in the UK and Europe.

Is it dangerous?

The vast majority of children who have febrile convulsions experience no lasting effects. However, in very rare circumstances a child experiencing prolonged convulsions (over 30 minutes) may develop complications. In this unlikely event the child may require further investigations.

How are febrile convulsions diagnosed?

A febrile convulsion is diagnosed by taking a full medical history from the child's parents or care givers. A physical examination will be carried out and it will involve checking the child's temperature, pulse, heart rate, breathing rate, blood glucose (sugar) level and blood pressure.

The doctor will listen to the child's heart and lungs, feel their tummy and assess how alert they are. The doctor may ask for blood or urine samples to help identify the source of infection. If there are concerns that the fever may be caused by serious bacterial infections such as meningitis, a lumbar puncture and additional tests may be performed.

Could my child have another febrile convulsion?

Yes, around one third (1/3) of children will go on to have further febrile convulsions during their childhood and some children may have several febrile convulsions. While this may be very worrying for parents it is important to remember that they do not cause any lasting damage/effects in most cases.

Is it epilepsy?

NO. Epilepsy is the name given to different types of seizures which happen repeatedly in children and adults when they do not have a temperature or illness. The risk of a child developing epilepsy after a simple febrile convulsion is only slightly greater than in a child who has never had one.

Does my child need to take medication to stop febrile convulsions happening?

No. There is no requirement for your child to take regular medication after a febrile convulsion. If your child has a prolonged febrile convulsion (longer than 5 minutes) your child may be discharged home with emergency medication to give in the event of a further seizure lasting longer than 5 minutes. This will be discussed with yourself prior to discharge **if it is required.**

Should my child still have all their immunisations?

It is very important that your child's full course of immunisations is completed. You can discuss this further with your GP or Health visitor. The most likely side effect following an immunisation will be fever. If your child has previously had a febrile convulsion following an immunisation it is important to keep a check on their temperature and give them paracetamol if required.

What to do if your child seems unwell

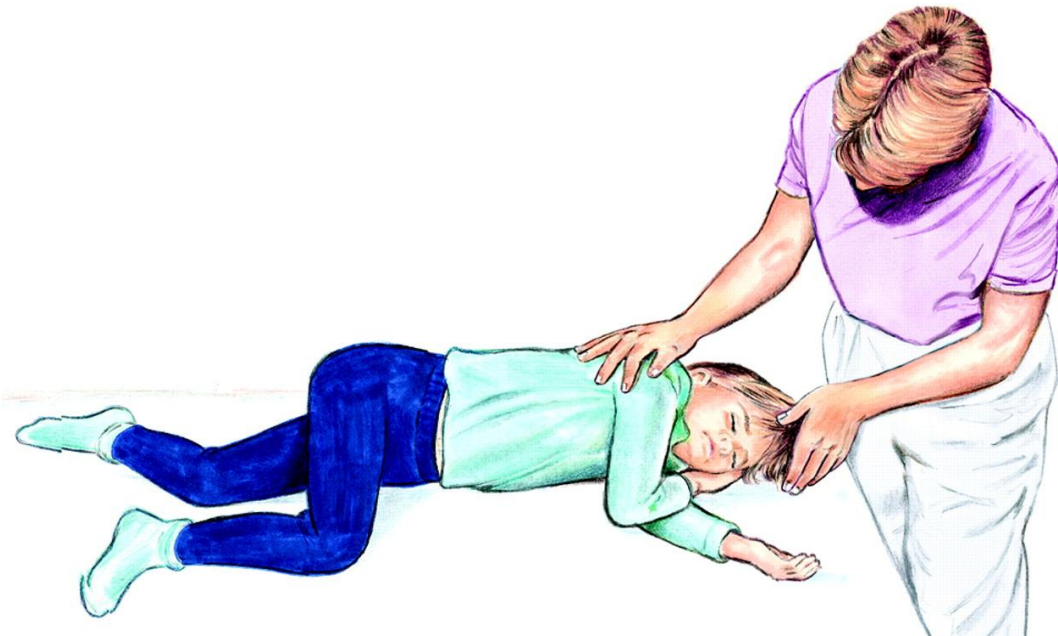
Take their temperature- It is a good idea to buy a thermometer from your local pharmacy/chemist to keep in the house in case your child is ever unwell. If their temperature is higher than 37 degrees, try to cool the child down – this can be done by removing layers of clothing or bed clothes. Give them plenty of fluids. Turning down heating in the house may help.

Give paracetamol- If your child is unwell or distressed medication such as paracetamol can help lower their temperature and make them more comfortable. Follow the correct dosage in the packaging or your doctor's instructions.

If you are worried about your child then contact your GP/seek medical advice for a review.

What should I do if my child has another febrile convulsion?

- 1- Lay your child on their side; with their head at the same level or slightly lower than the body (recovery position) .Do not let them roll onto their back as this may cause choking.
- 2- Do not move/lift your child- only move them if they are at risk of injury or danger.
- 3- Do not put anything in their mouth; only remove anything visible that could interfere with breathing such as vomit or food.
- 4- Loosen any clothing, especially round the neck.
- 5- If you can, note the time that the seizure started so that you can see how long it lasts for.
- 6- Stay with your child at all times.
- 7- Do not shake or restrict your child's movements.
- 8- After 5 minutes, if the seizure is continuing call an ambulance, unless you have been given different instructions.



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