



# **Febrile Convulsions**

## **Patient information Leaflet**

**April 2020**

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**What is a febrile convulsion?**

Febrile convulsions are uncontrolled spasms that occur in children between the ages of 6 months and 5 years. They are surprisingly common; approximately 1 in 20 children will have one before the age of 5 years. Convulsions, fits and seizures mean the same thing. Most occur with common illnesses such as ear infections, cough, colds and viral infections.

**What happens during a febrile convulsion?**

A convulsion is an attack in which your child becomes unconscious and usually stiff; the head is thrown backwards with jerking of the arms and legs. Some children may vomit and foam at the mouth; some may wet or soil themselves. The skin can become pale and occasionally appear a little blue. The episode usually ends after a few minutes. The shaking will stop and the child goes limp, normal colour and consciousness slowly return. The convulsion normally lasts less than five minutes. Some children regain consciousness faster than others. Following a convulsion the child may be very sleepy and sleep for up to an hour afterwards.

**Will my child have another febrile convulsion?**

About 1 in 3 children will experience a febrile convulsion again, during another or subsequent infection. This often occurs within the first year of the first episode. They most commonly occur between the ages of 18 months and three years. The risk of having another gets rapidly less after the age of three. They are rare in children under six months and over the age of six years. Boys tend to suffer more than girls and children whose parents have a history of febrile convulsions are more likely to have one. In most cases however, the child is otherwise perfectly normal. They usually grow out of them by the age of 5-6 years.

**Will the febrile convulsion damage my child?**

Although short lasting convulsions are frightening to watch. The child is unconscious and is unaware of what is happening and therefore does not suffer any pain or discomfort. There is no evidence to suggest that febrile convulsions cause lasting damage, such as brain damage, or learning difficulties. However, a very small number of children who have febrile convulsions go on to develop epilepsy. No treatment is available to reduce this risk.

**What do I do if my child has a febrile convulsion?**

There is nothing you can do to predict or prevent a febrile convulsion but knowing what to do if it does happen may help:

- It is important that you remain calm and stay with your child. Try not to hold them.
- Place your child on the floor or bed on their side with their face turned to one side; this will prevent them swallowing any vomit, keeping their airway open and prevent injury.
- Do not put anything into their mouth while they are having a convulsion. Attempting to stop somebody biting their tongue, by placing your hand or an object in their mouth could be dangerous for both you and them.
- Try to watch exactly what happens so that you can describe it later.
- Time how long the convulsion lasts.
- If this is the first convulsion seek medical advice immediately.
- If the convulsion lasts more than 5 minutes call 999 for an ambulance.
- If your child has another febrile convulsion at home which settles by itself - either as part of this illness or in the future - you should let your doctor know. They should be checked over by your doctor but if they are otherwise well you do not need to rush them to the A&E department.

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The main treatment is aimed at the illness that caused the fever. Controlling the fever does not prevent the reoccurrence of a convulsion but does make the child feel more comfortable.

It is unclear what triggers the convulsion; but it is possible that some body chemical is released during certain feverish illnesses that cause the convulsion rather than the temperature itself, as most children with a high temperature do not go on to have a convulsion.

### **Temperature Control**

A temperature is nature's way of helping the body fight off the infection. Temperature control is aimed mainly at increasing the child's comfort.

- Paracetamol and Ibuprofen are used to make your child feel more comfortable, but they do not treat the cause of the fever. If your child is **upset** and distressed by the fever Paracetamol and Ibuprofen can be given (always follow the instructions on the medicine bottles).
- Ensure your child drinks plenty of fluids.
- Dress in minimal clothing. Keep the room cool.
- Do not tepid sponge your child if they have a fever. This causes them to shiver which can make the temperature rise.
- Do not use a fan directly on to the child, only use to cool the room and to circulate the air around the room.

Look out for signs of dehydration. A fever caused by an illness may contribute to dehydration. The fever itself can cause sweating; some children who become distressed with a fever do not drink as much as they need. Encourage your child to drink plenty of fluids. Signs of dehydration include: a dry mouth, no tears, not passing much urine, sunken eyes, drowsiness and generally becoming more unwell. Seek medical advice if you suspect your child is becoming dehydrated.

Look out for signs of serious illness. A child with a fever may look quite unwell. They may look flushed and be upset. However, most bouts of fever are not caused by serious illness, and the temperature often comes down quickly. It is quite common to see a child happily playing an hour or so later when their temperature has come down and they have had a good drink. They will not be entirely back to normal, but it is reassuring if your child improves with the drop in temperature. If your child has a serious infection they will usually get worse despite efforts to bring their temperature down. If your child is getting worse or developing new symptoms you should seek medical advice.

For example:

- Difficult to wake.
- Having difficulty breathing.
- Develops a rash which does not disappear when a glass is pressed onto the skin
- Refusing to drink.
- Repeated vomiting.
- Complaining of the light hurting their eyes.
- If they are in pain.
- High pitched inconsolable cry in a baby.
- If your child has not improved within 48 hours.

## **In summary**

Most fevers are due to infections that are not serious and do not last long. But see a doctor if your child does not improve within a few days, or has worrying symptoms.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

### **語言翻譯及病者支持服務 (LIPS):**

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中

央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

### **Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):**

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹریپٹیشن اینڈ پیسینٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

### **References:**

NHS (2019) Febrile Seizures. <https://www.nhs.uk/conditions/febrile-seizures/>

NHS (2017) Fever In Children. <https://www.nhs.uk/conditions/fever-in-children/>

NICE (2019) Fever in Under 5's: Management and Assessment. NICE, UK

NICE (2018) Feverish Children Management. <https://cks.nice.org.uk/feverish-children-management>

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