

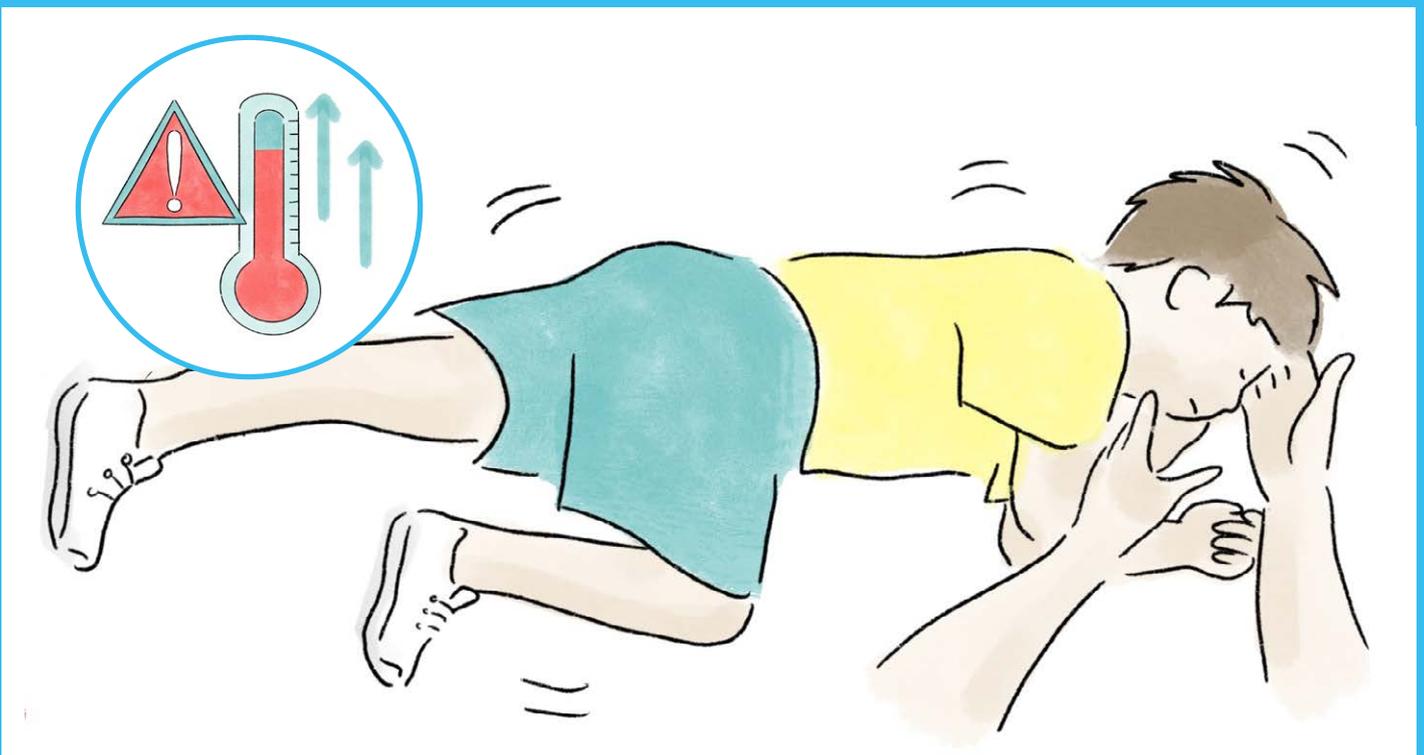
Febrile Seizures

Information for parents and carers

Key facts

A febrile seizure is a fit or convulsion that occurs in some children with a high temperature (fever). Febrile seizures may be alarming and upsetting to witness, but they are not harmful to your child.

- Most occur with mild common illnesses
- There is no increased risk of epilepsy in those who have had simple febrile seizures
- One child in 30 will have febrile seizures
- Most common between the ages of 6 months and 6 years
- Most children who have a febrile seizure will only ever have one



A fever is the body's natural response to infection, and it is not always necessary to reduce a fever. Treating your child's fever with paracetamol or ibuprofen will not prevent a febrile seizure.

Usually, a febrile seizure happens if your child's temperature goes up suddenly. Sometimes, a seizure occurs before parents realise their child has a fever.

Does my child have epilepsy?

Febrile seizures and epilepsy are two different conditions. Epilepsy causes seizures without a high temperature. About 2 in 100 children who have a febrile seizure develop epilepsy in later childhood.

What happens when a child has a seizure?



May look hot and flushed



Their eyes may appear to roll backwards



Their body may go stiff



Then generally twitch or shake



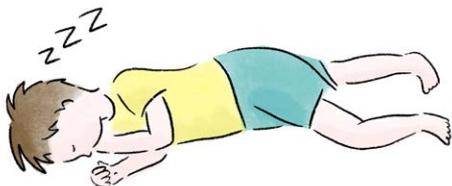
Become unresponsive and unconscious



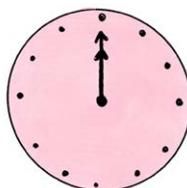
May wet themselves during a febrile seizure



The seizure does not last long, it is unusual to last for more than 5 minutes



Child regains consciousness, but will remain sleepy afterwards

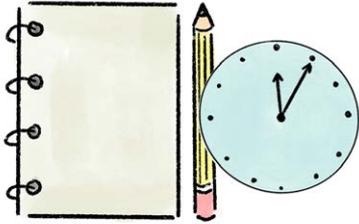


Within an hour, they usually appear a lot better, this happens when their temperature has come down

During a seizure



The most important thing is to stay calm – don't panic



Note the time the seizure started and how long it lasts



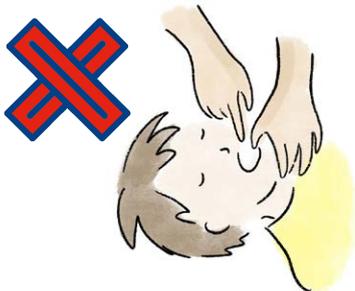
Place your child on a soft surface in the recovery position, this helps to keep their airways clear



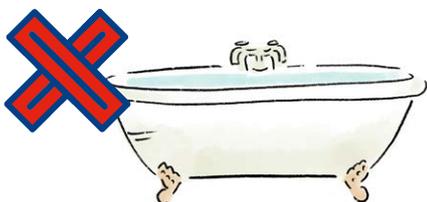
Try to watch exactly what happens, so that you can describe it to the doctor later. It can be useful if you are able to record video footage of the seizure to show the doctor.



Do not restrain your child

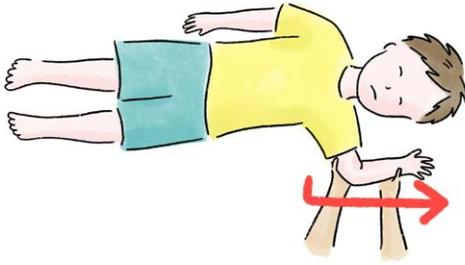


Do not put anything in their mouth, including your fingers. Your child will not choke or swallow their tongue.

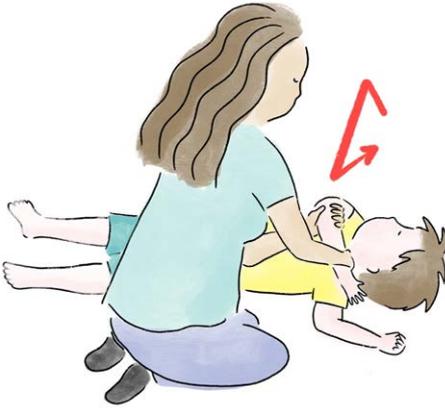


Do not put a child who is having a seizure in the bath to lower their temperature

The Recovery Position



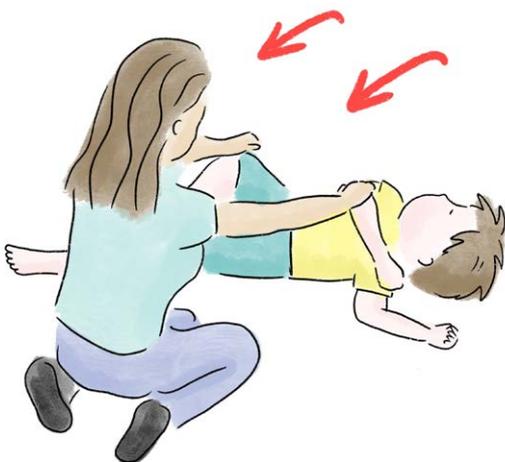
Move the person's arm that is nearest you to a right angle with the hand pointing upward toward their head



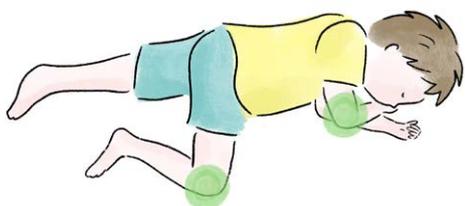
Place the other arm across chest with hand under the head and against the cheek



Lift leg furthest away till the foot is flat on the ground

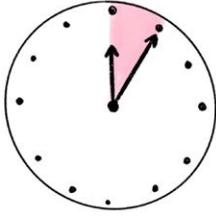


Pull their bent knee upwards into a running position to stabilise their body.

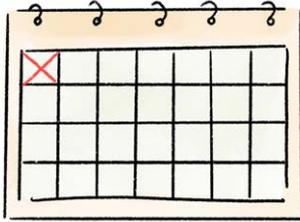


Head tilted to keep the airway open. Hand supports head and mouth towards the ground. Knee stops body from rolling onto stomach

When to call 999



If a seizure lasts more than 5 minutes



This is the first time the child has had a seizure



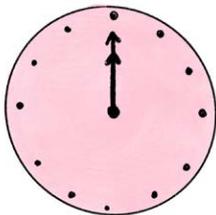
The child does not improve quickly once a short seizure is over



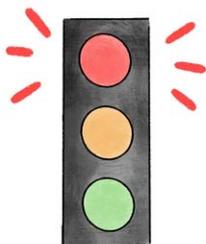
Another seizure starts soon after the first one stops



The child has difficulty breathing



The child was not fully conscious before the seizure or one hour afterwards



There are any red features in the Traffic Light Advice below

Treatments

No treatment is usually needed for the seizure itself if it stops within a few minutes, however, treatment may be needed for the infection causing the fever. In all cases, the child should be seen by a doctor as soon as possible after a seizure in order to diagnose the underlying illness and provide any treatment if required.

Sometimes the seizure lasts longer and your child may need medicine to stop it.

A medication called diazepam can be given via the child's back passage or a medication called midazolam can be put into the side of the mouth. These medicines are absorbed quickly from within the rectum or mouth to stop a seizure.



Children can change quickly and if at any time your child displays any of the 'Red' features in the box below you should seek EMERGENCY HELP.



RED

If your child

- Has blue lips
- Becomes pale, mottled and feels abnormally cold to touch
- Is struggling to breathe
- Has a fit/seizure
- Becomes extremely agitated – crying inconsolably despite distraction, confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'glass test')
- Is under 3 months of age with a temperature of 38°C or above (unless the fever is 48 hours following a vaccination and no other red or amber features)

**YOU NEED EMERGENCY HELP
CALL 999**

**You need to be seen at the
hospital Emergency Department**



AMBER

If your child has any one of these features

- Appears to be getting worse or if you are worried
- Restless or irritable
- Increased difficulty breathing
- Temperature of >39°C despite paracetamol and/or ibuprofen
- Continues to have a fever of 38°C or above for 5 days or more
- Reduced fluid intake by half usual amount
- Passed urine less than twice in 12 hours
- Has extreme shivering or complains or muscle pains
- Vomiting

SEEK MEDICAL ADVICE TODAY

Please call your GP surgery, or, if it is closed call NHS 111

Your GP may want to speak to you on the phone first to give you medical advice. They will arrange to see your child if it is appropriate.



GREEN

If none of the features in the red or amber boxes above are present

- Has normal-coloured skin, lips and tongue
- Responds to you normally
- Is basically content and will smile
- Stays awake or awakens quickly and easily when you wake them
- Has a strong normal cry, or is not crying
- Has moist lips and tongue

See 'Important things to consider' box

SELF-CARE

Using the advice on this leaflet you can care for your child at home.

The most important advice is to keep your child well hydrated.

If you feel you need more advice, please contact your local pharmacy, Health Visitor or GP surgery.

You can also call NHS 111 for advice.

Important factors to consider

There are important factors to consider that may affect your child's ability to cope with infection. These are if your child:

- was a premature baby
- is less than 12 weeks old
- has a lung problem
- has a heart problem
- has a problem with their immune system
- or any other pre-existing medical condition that may affect their ability to cope with illness

We recommend that in these circumstances you seek medical advice