



Febrile Convulsions

Some Questions Answered



Parent/Patient Information Leaflet

Is my child going to develop epilepsy?

The chance of epilepsy developing in children following a single febrile convulsion is approximately 1% (1 in every 100 children), the same as that for all children.

This risk is greater if your child has had more than one febrile convulsion, if he/she is less than 12 months old at the time of his/her first febrile convulsion or if there is a family history of epilepsy. Approximately 2.4% of these children (24 in every 1000 children) will have a convulsion that is not associated with a raised temperature before they reach 25 years of age. The reason for this is unknown.

Do febrile convulsions cause brain damage?

The majority of febrile convulsions cause no long term complications. Very rarely, a child who has a very prolonged febrile convulsion lasting half an hour or more may suffer permanent damage from it.

What should I do if my child has a raised temperature?

If your child has a **raised** temperature, treat **him/her** with medications such as **paracetamol (Calpol®)** or **ibuprofen (Nurofen®)**. Make sure your child drinks plenty of fluids. If you are having difficulty bringing the temperature down, **remove some clothing and ensure the room temperature is not too hot**. Do not place him/her in a bath of cold water. If you are concerned about the cause of the raised temperature, bring your child to your family doctor for assessment.



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**THE ADELAIDE & MEATH
HOSPITAL, DUBLIN**
INCORPORATING THE NATIONAL CHILDRENS
HOSPITAL

What is a febrile convulsion?

A febrile convulsion is a seizure or fit, which is brought on by a rapid rise in body temperature. Febrile convulsions most commonly occur in children between 6 months and 5 years of age. Approximately 2-5% of all children (2-5 of every 100 children) will experience at least one febrile convulsion before they are 5 years old. There is often a family history of febrile convulsions.

What is a convulsion?

A convulsion, seizure or fit, is caused by electrical disturbance of the brain during a febrile (raised temperature) episode. In most cases the child becomes unconscious, usually there is stiffening of the whole body, followed by jerking of the arms and legs. There may be eye staring or eye flickering, and your child may have vomiting and drowsiness for a short time after the febrile convulsion. A child will often pass urine or have a bowel motion during or soon after a febrile convulsion. It can be very frightening to watch your child during a febrile convulsion, sometimes it may seem that your child has stopped breathing. Most febrile convulsions last only a few minutes and stop without any medication.

Will my child ever have another febrile convulsion?

Most children will only ever have one febrile convulsion. If your child is less than 12 months old when he/she has the first convulsion, there is a 50% chance (1 in every 2 children) that he/she will have a 2nd one. If your child is more than 12 months old when he/she has the first febrile convulsion, there is a 30% chance (3 in every 10 children) of your child having another convulsion.

How can I prevent my child from having another febrile convulsion?

International experts feel that children do not routinely need medication to prevent febrile convulsions. The risk to the child from a convulsion is less than the possible side effects of any medication.

Occasionally, your doctor may prescribe anti-convulsion medication to be taken when your child has a raised temperature, but this is only if your child has had many convulsions or prolonged convulsions. It has been shown that medicines such as paracetamol (Calpol[®]) and ibuprofen (Nurofen[®]) will treat your child's raised temperature and make him/her more comfortable, but will **not** prevent a convulsion.

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

If you are at home when your child has a febrile convulsion, lay your child on his/her left side, this is called the recovery position. Lying your child in this position will help to make your child's breathing easier. Do not try to force anything into your child's mouth and do not shake him/her.

If the convulsion lasts for more than 5 minutes, you should bring your child to the nearest Emergency Department. If you are alone with your child, you may need to call an ambulance by dialing 999 (from a landline) or 112 (from a mobile telephone).

If your child has been prescribed medication by your doctor to shorten the length of the convulsion and the convulsion lasts for more than 5 minutes, you may give the medication to your child as prescribed. Occasionally, if the convulsion continues for a further 5 minutes after the first dose of medication a second dose is needed. If the convulsion continues after the 2nd dose of medication you should bring your child to the nearest Emergency Department. If you are alone with your child, you may need to call an ambulance by dialing 999 (from a landline) or 112 (from a mobile telephone).

