

# FEBRILE CONVULSIONS

FACTSHEET NINE



Congratulations! Having a baby is such an exciting time and it can also raise a whole lot of natural concerns about how to keep your baby safe. One of the best ways to reduce any anxiety is to be prepared and informed, and this factsheet can help with that. If you still have any further questions, do email us at

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# ABOUT FEBRILE CONVULSIONS

## **Incidence**

One in 50 children will have had a febrile convulsion by the time they are five years old so it is a relatively common illness which children usually outgrow without any lasting effects. Febrile convulsions are a type of seizure that can happen, when a child, usually between the ages of six months and five years, has a high temperature.

## **Can a child have more than 1 febrile convulsion?**

Yes, around one third of children will go on to develop another febrile convulsion during their childhood and some children may have a few. While they are frightening and worrying for parents it is important to remember that they do not cause any lasting effects in most cases.

## **What causes febrile convulsions?**

Febrile convulsions can occur when children develop a high temperature of 38°C or more. The high temperature is usually due to common viruses such as ear, throat or chest infections, or bacterial infections, such as urine infections. We still do not know why some children have febrile convulsions and others don't but we do know they are more likely if someone else in the family has had them.

## **Can they be prevented?**

In short no - We can't prevent febrile convulsions from occurring but if you know your child is prone to them you can keep a close eye on their temperature and control it with a paracetamol-based product as per the guidelines on the bottle should their temperature become raised.

# SIGNS AND SYMPTOMS

A febrile convulsion can be very frightening for parents and/or caregivers to watch. However they don't harm the child and do not cause any brain damage. A febrile convulsion looks like an epileptic seizure/fit. The child will suddenly become rigid and then fall unconscious. This is not always apparent especially when a convulsion starts when they are already sleeping. They will be hot to touch and probably sweating. The arms and legs may start twitching or jerking, their fists maybe clenched and their eyes may roll back in their head. They may produce lots of saliva around the mouth and they may wet or soil themselves. Every child is different and so are their convulsions hence the term "may". After a convulsion it is normal for children to sleep for a short period of time.

**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.**

# WHAT SHOULD YOU DO?

- Protect your child from injury but do not restrain them.
- Remove objects that may injure the baby or child while they are having the seizure.
- Use a blanket or small pillow to protect their head from injury.
- Never put anything in their mouth - this is more dangerous than the risk that they bite their tongue.
- Once the convulsing has finished place them in the recovery position - on their side with their head tilted backwards
- Remove outer clothing and if the room they are in is warm open a window to allow some cool air.
- If it is the child's first febrile convulsion, they should be reviewed by a doctor even if the convulsion was brief, to confirm the diagnosis and ensure the child is well. If the child has had febrile convulsions before, you may not need to take them to hospital if they recover quickly and are well.
- If the convulsion lasts longer than five minutes or if the child does not recover quickly - call 999..

# WHAT TO EXPECT AT THE HOSPITAL

A febrile convulsion is diagnosed by taking a full medical history from the child's parents and/or caregivers. If someone else was looking after the child at the time of the convulsion, it is important that they are available to give a description to the medical team about what happened. A physical examination will then be carried out. This will involve measuring the child's temperature, pulse, heart rate, breathing rate, sugar level and blood pressure. The doctor will listen to the child's heart and lungs, feel their tummy and assess their level of alertness. The doctor may ask for a blood or urine sample to help identify the source of infection. If there are concerns that the fever may have been caused by a serious bacterial infection such as meningitis, additional tests may be performed. If the febrile convulsion is categorised as 'complex' or the child shows symptoms or signs that are not typically seen in children with febrile convulsions, the doctor may request additional tests such as an electroencephalogram (EEG) to look at brainwave activity.

**If you have a specific question or to book onto a paediatric first aid course, please contact Jo Worrall at**

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**For other enquiries, please visit our email us at:**

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