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Febrile convulsions

***Information for
parents and carers***

Febrile convulsions

Your child has had a febrile convulsion. Febrile convulsions are quite common in young children. As many as 1 in every 20 children has a febrile convulsion between the ages of 1 and 6. Parents and carers often feel frightened and helpless when their child has a febrile convulsion. However febrile convulsions are not as serious as they look. This leaflet gives you some facts about them and some practical help and guidance.

What is a febrile convulsion?

A febrile convulsion is triggered by a rapidly rising temperature. Febrile means “related to fever”. A convulsion is an episode in which the person becomes unconscious and usually stiff, with jerking of the arms and legs. Eyes may roll up and there may be frothing at the mouth and blueness around the lips. Breathing may appear shallow. Some children may wet themselves.

The convulsion usually lasts 2 to 3 minutes after which the child recovers spontaneously, but may be drowsy and want to sleep.

The words convulsion, fit and seizure all mean the same thing.

Does it run in families?

The tendency to have febrile convulsions can run in families.

Final advice

Always seek medical advice to find out the cause of the convulsion.

Further information

If you have any further questions, please feel free to ask the nurses and doctors.

**ECU (Emergency Care Unit)
Royal Aberdeen Children's Hospital
☎ (01224) 552041 or 550309 ☎**

**Accident and Emergency
Dr Gray's Hospital, Elgin
☎ (01343) 567310 ☎**

**Ward 2
Dr Gray's Hospital, Elgin
☎ (01343) 567579 ☎**

The Recovery Position



(Picture reproduced with the kind permission of Epilepsy Action)

Is it epilepsy?

No. The word epilepsy means a tendency to recurrent seizures due to a brain disorder.

Most children who have febrile convulsions do not have any further episodes after the age of 6. However, some children who have had very frequent or prolonged convulsions may need further investigation by medical staff to find out if they do have epilepsy.

What things bring on febrile convulsions?

Any illness, which causes a high temperature, may do it. A cold or other viral infection is usually the cause of this.

Does my child suffer discomfort or pain during a convulsion?

No. Your child is unconscious and unaware of what is happening. The convulsion is much more disturbing to you than your child.

Will my child have more than one?

Many children only have one febrile convulsion in their life. Some may have further ones.

Do febrile convulsions cause brain damage?

This is rare for a child who has had febrile convulsions, although a child who has prolonged febrile convulsions lasting for half an hour or more may suffer brain damage. Research studies have shown that children between the ages of 6 and 12 suffer no long term effects to their health or intellect following a febrile convulsion (Hutt et al, 1999; Chang et al, 2001).

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

Take your child's temperature. Keep your child cool. Do not over clothe your child or overheat the room. Give your child plenty of fluids to drink.

Paracetamol and ibuprofen should be given as directed by your doctor or as directed on the medication bottle, to reduce your child's temperature.

If your child seems ill, let your family doctor see them. They may need other treatment such as antibiotics (in most children fever is due to a viral illness; antibiotics are not always necessary).

The hospital may give you medicine to insert into your child's rectum (back passage). This is called Rectal Diazepam. If the convulsion carries on for more than 5 minutes, give your child the rectal diazepam as instructed. This should stop the convulsion within 10 minutes. If it doesn't, call 999. In any event, let your doctor know what has happened.

What should I do if my child has another convulsion?

- Note the time. A doctor may need to know exactly when the seizure started.
- Keep calm. Reassure the child and those around.
- Clear the space around the child to make them safe.
- Support the child on their side during the seizure if possible.
- Put something soft under the child's head (such as a firm cushion or a rolled up jacket).
- Loosen clothing around the neck and remove their glasses, if worn.
- Watch your child carefully: the information may be important
- When the seizure stops, if not on their side already, turn the child on to their side into the recovery position (unless in a wheelchair then reposition as necessary) so that the mouth can drain of saliva, blood or vomit. Make sure that their airways are clear.
- Reassure the child during the period of confusion that follows the regaining of consciousness
- Allow the child to rest.