



CARING FOR A CHILD WITH A FEBRILE SEIZURE

What is a febrile seizure?

A febrile seizure is a seizure accompanied by a fever.

During a febrile seizure:

- your child typically/usually loses consciousness
- your child's colour may appear very pale and even bluish around the mouth
- your child's muscles may stiffen and then jerk

Often the seizure happens very early in the illness and may be the first sign of an infection.

How common are febrile seizures?

Febrile seizures are quite common. They appear in about 3-5% of young children, most often between the ages of six months and four years.

Are febrile seizures harmful?

Febrile seizures are not harmful to your child, but they may be very frightening to see. They usually last less than 1-2 minutes and do not cause brain damage. Problems may happen if seizures last for a long time and are not treated.

In children who are vaccinated, the risk of meningitis and other serious infections is very low and are rarely the cause of the febrile seizure. Meningitis is no more common in kids with febrile seizures than those with a fever who do not have seizures. Much more commonly it is related to a minor viral infection.

Will it happen again?

About 1/3 (one-third) of children who have had their first febrile seizure will have another one. In children under 1 year of age there is a higher risk the febrile seizures may recur (happen again).

The chance that your child will have another seizure becomes less after 3 to 4 years of age and is rare after 6 years of age.

Will febrile seizures cause epilepsy?

The risk of epilepsy is slightly greater in those children who have had febrile seizures compared to those who have not.

Researchers are not certain, but it may be that those who go on to develop epilepsy may have been predisposed to developing epilepsy, and because of this they experience febrile seizures more readily.

Most children who have had febrile seizures **do not** go on to develop epilepsy.

What should I do if my child has a febrile seizure?

- **Keep calm and stay with your child.** Once a seizure has started there is nothing you can do to make the seizure stop.
- Make sure your child is in a safe place where they cannot fall and make sure that nothing can fall onto them. The floor is the best place.
- Lay your child on his or her side to allow saliva or vomit to drain out of the mouth. Bend the top knee to keep your child in this position (the "recovery position") during the seizure. This is safest for your child to prevent choking on saliva or vomit.



- **Do not restrain** or hold your child down. Clear the area near your child of hard or sharp objects to prevent injury.
- Loosen tight clothing around the neck.
- **Do not put an object or your fingers into your child's mouth.** It is impossible for your child to swallow his or her tongue.
- Do not give your child anything to eat or drink until they are fully awake.
- Observe your child's actions during the seizure and time how long it lasts. Noting what parts of the body are involved is helpful for the doctor to know.
- For some children a medicine may be prescribed by their doctor to stop the seizure once it starts. Discuss this with your doctor.
- Allow time for your child to sleep or rest afterwards. It is normal for a child to want to sleep after a seizure.

When can my child resume normal activities?

Right after the seizure your child may seem tired and want to sleep. Your child may seem cranky for a day or so due to the original illness. Resume normal activities when your child begins to feel better. Call the doctor if your child is not back to normal in a couple of days.

What can I do to prevent another febrile seizure?

Studies have shown that treatment of the fever **does not** decrease the risk of another seizure. The use of some anti-seizure medications does decrease the risk of further seizures but the side effects are felt to be too serious to warrant their use in most children. The side effects of these medications (i.e. lethargy/tiredness) may look like the signs of a more serious infection. Also, they do not change the long-term outcome.

What can I do for my child after a febrile seizure?

- Monitor your child's alertness. You may treat their fever for **comfort** as they may be fussy and less interested in drinking when they are feverish. **You do not have to treat a fever.** If your child remains very irritable or lethargic despite treating the fever, he or she may need to be examined to make sure they do not have a serious infection.
- Encourage good fluid intake and monitor for signs of dehydration. Our bodies use more fluid when we have a fever. Your child can have cool fluids, including popsicles and other favourites.
- Dress your child comfortably and keep the room temperature comfortable to avoid shivering (which stresses the body).
- Allow extra time for your child to rest.
- Check your child's temperature with a thermometer under the armpit. This is the safest and easiest way in children until 6 years of age.
- **Do not give ASA (Aspirin®)**

When should I call the doctor?

- If the seizure **stops on its own within 5 minutes**, phone your child's doctor on the day your child has the seizure to discuss if your child needs to be assessed (looked at).
- Let your child's doctor know about the fever and seizure. The doctor may wish to check your child to find out and treat the cause of the fever.



When should I take my child to the hospital?

If the seizure:

- lasts longer than 5 minutes
- recurs (happens again) within 24 hours
- or seems to be happening in only one part or one side of your child's body, take them to the nearest health care facility

Your child should be seen if they:

- stay unusually sleepy or confused for more than 20-40 minutes after the seizure
- vomit (throw up) often
- have a headache or stiff neck
- have a rash
- have an unexplained fever for more than 48 hours (2 days)
- looks sick
- have NO fever or infection, i.e.: the seizure may be caused by something else
- if you are otherwise concerned about your child

PLEASE NOTE:

- **Do not transport** your child during a seizure. If they are continuing to seize they should be brought to the hospital by ambulance.
- If you are bringing your child to the hospital after a seizure, have someone with you when you drive, or call 911 for an ambulance to take your child to the nearest hospital.

If you have questions or concerns call:

- Your doctor: _____
- Neurology nurse clinicians: _____
- Health Links – Info Santé at 204-788-8200 (toll free 1-888-315-9257)