

Febrile Convulsions

What is a febrile convulsion?

A febrile convulsion is common and may occur in babies and children who have a high temperature (fever). The majority of children with fever will only suffer mild discomfort. A small number will have a febrile convulsion. Usually this happens between the ages of one to two years old, but they can occur from the age of six months to six years. Febrile convulsions are more common in some families.

Why do they occur?

The brains of babies and children are more sensitive to fever than those of adults. A febrile convulsion may occur when a high temperature develops quickly because of an infection. The infection is usually due to a minor illness, but a small number of children will have a more severe infection.

Signs and symptoms

During a febrile convulsion your child:

- May lose consciousness for a brief period.
- May jerk, twitch, become stiff or go floppy.
- May go blue or red in the face.

Convulsions usually only last for a few minutes and afterwards children are often very sleepy and may become irritable.

What to do?

Stay calm

- Lay your child on their side on a soft surface - this will stop your child breathing in stomach contents if they vomit.
- If your child is struggling to breath then lift their chin.
- If the fit lasts longer than five minutes call an ambulance on 000.
- When the fit stops take your child to your local doctor or hospital. If you are driving in your car you should have two adults - one to drive and one to look after the child; if there are not two adults then you may want to call an ambulance.

DO NOT

- Restrain your child during a convulsion.
- Put anything in their mouth, including your fingers; your child will not choke or swallow their tongue.
- Put a child who is convulsing in a bath.



What to do next time your child has a fever

It is normal for your child to have further infections with fevers. Most will not result in febrile convulsions.

- Undress your child so they do not overheat any further. Minimal clothing in a warm room is ideal. A cool environment will encourage shivering and this is likely to increase the fever.
- Make sure your child is drinking adequately. Offer small amounts frequently.
- Only give paracetamol (Panadol, Dymadon, Tylenol) if your child is distressed or uncomfortable, not for fever alone. Ibuprofen (Nurofen) is an alternative to paracetamol, but it may be dangerous to use if your child has a bleeding or a kidney problem.

There is no evidence that giving paracetamol or ibuprofen will prevent febrile convulsions

- If your child has recurrent or prolonged febrile convulsions your doctor may consider other treatments.

Facts about febrile convulsions

- One in 25 - 30 children will experience a febrile convulsion.
- Most children (70%) will only have the one febrile convulsion; if they do recur, most will do so within one year.
- Children who have a febrile convulsion have no evidence of brain damage.
- There is no increased risk of epilepsy in children who have febrile convulsions.

If you have any other concerns take your child to the GP or Emergency Department.



Government of **Western Australia**
Child and Adolescent Health Service

**This document can be made available in alternative formats
on request for a person with a disability.**

Child and Adolescent Health Service
15 Hospital Avenue, Nedlands, WA, 6009
Telephone: (08) 6456 2222
Produced by Emergency Department
Ref: 344 © CAHS 2016

Disclaimer: This publication is for general education and information purposes.
Contact a qualified healthcare professional for any medical advice needed.
© State of Western Australia, Child and Adolescent Health Service