



## Febrile Seizures (Seizures with Fever)

### What are febrile seizures?

Seizures are also called convulsions. Febrile seizures are triggered by fever. They are the most common type of seizure and are usually harmless. The average body temperature at which they occur is 104°F (40°C). The fever itself can be caused by an infection in any part of the body.

Children who have febrile seizures are usually 6 months to 5 years old. A child's first febrile seizure usually occurs by 3 years of age.

During a seizure, your child may:

- become stiff
- become unconscious or not know where they are
- have jerking or twitching movements
- have the eyes roll backward
- have noisy breathing
- after the seizure, your child may be sleepy and confused for a while.

### How long will the effects last?

Each seizure usually lasts 1 to 10 minutes without any treatment. Febrile seizures do not cause any brain damage. However, a few children will have other seizures without fever sometime in the future.

Febrile seizures occur in 4% of children. Most of these children have just one febrile seizure in a lifetime. About one-third of children who have had a febrile seizure have 1 to 3 recurrences over the next few years. Febrile seizures usually stop happening by the time a child is 5 or 6 years old.

### What should I do when my child has a seizure?

- **Prevent injury.**  
To prevent accidental injury, place the child on the floor or ground. The child should not be held or restrained during a seizure.
- **Reduce the fever.**  
Bringing your child's fever down as quickly as possible may shorten the seizure. Remove your child's shirt and put cold washcloths on the face and neck. If the seizure persists, sponge the rest of the body with cool water. As the water evaporates, your child's temperature will fall. When the seizure is over and your child is awake, give the usual dose of acetaminophen or ibuprofen for your child's weight and age, and encourage your child to drink cool fluids.
- **Protect your child's airway.**  
If your child has anything visible in the mouth, clear it with a finger to prevent choking. Place your child on the side or stomach (face down) to help drain secretions. If the child vomits, help clear the mouth. Use a suction bulb if available. If your child's breathing becomes noisy, pull the jaw and chin forward.

**Call a rescue squad (911) IMMEDIATELY if the febrile seizure continues more than 5 minutes.**

- **Driving to a medical facility.**

Drive to a medical facility for all febrile seizures that have stopped. Dress your child lightly (weather permitting). (Warning: Prolonged seizures due to persistent fever have been caused by bundling up sick infants during a long drive.)

- **Common mistakes in first aid of seizures.**

During the seizure, don't try to restrain your child or stop the seizure movements. Once started, the seizure will run its course no matter what you do. Don't try to do CPR on your child just because breathing stops for 5 to 10 seconds. If he or she is not breathing when the seizure stops, then start mouth-to-mouth rescue breathing (CPR). Try to clear the airway. Don't try to force anything into your child's mouth. This is not necessary and can cut the mouth, injure a tooth, cause vomiting, or result in a serious bite of your finger. Don't try to hold the tongue. Children may rarely bite the tongue during a seizure, but they can't swallow the tongue.

**How can I help prevent seizures?**

- **Oral fever-reducing medicines**

Febrile seizures usually occur during the first day of an illness. Although research is lacking, preventing high fevers may prevent some febrile seizures. Begin acetaminophen (Tylenol) or ibuprofen (Advil) at the first sign of any fever (a temperature over 100°F, or 37.8°C) and give it continuously for the first 48 hours of the illness. If your child has a fever at bedtime, awaken him once during the night to give the fever medicine.

Because fever is common after DTaP immunizations, begin acetaminophen or ibuprofen in the healthcare provider's office when your child is immunized and continue it for at least 24 hours.

- **Fever-reducing suppositories**

Have some acetaminophen suppositories on hand in case your child ever has another febrile seizure (same dosage as oral medicine). Give the suppository after the seizure stops. These suppositories may be kept in a refrigerator at the pharmacy, so you may have to ask for them.

- **Light covers or clothing**

Avoid covering your child with more than one blanket when they are sick. Bundling during sleep can push the temperature up 1 or 2 extra degrees.

- **Lots of fluids**

Keep your child well hydrated by offering plenty of fluids.

- **Antiseizure medicine (anticonvulsants)**

Anticonvulsants are rarely prescribed unless your child has other neurologic problems. Anticonvulsants have side effects and febrile seizures are generally harmless. Your healthcare provider will discuss this decision with you.