

## **Febrile Seizures in Children**

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### **General Information**

Some children, especially those between 6 months and 5 years old, may react to a fever by having a seizure. About 2-5% of children between 6 months and 5 years of age will have a febrile seizure.

### **What is a Seizure?**

A seizure occurs when there is an abnormality in the brain's electrical activity. Sometime this is triggered by a fever, as in febrile seizures. These episodes can be very frightening, but are usually harmless. The seizure often looks worse than it is and rarely causes brain damage. Febrile seizures usually occur during the first few hours of fever. They usually happen when the child's temperature has increased rapidly. The fever itself is often caused by an infection such as a cold, an ear infection, or the flu.

### **What are the signs and symptoms?**

You may witness many different behaviors and movements while your child is having a febrile seizure. The child may become stiff, have jerking or twitching of the arms and legs, or his/her eyes may roll back. He/she may unknowingly urinate or have a bowel movement during the seizure. Lastly, your child may vomit (throw up) during or after the seizure. The child may be unresponsive for a short time during the seizure. After the seizure, your child may be confused, fussy, or sleepy for a while but will return to normal. Febrile seizures usually last less than 1 minute, but can uncommonly last up to 15 minutes. This type of seizure usually does not happen more than one time in 24 hours. Other seizures (ones not caused by fever) typically last longer, occur repeatedly, and can affect only one part of the body. These are the seizures of childhood epilepsy and are different than febrile seizures.

### **Taking Action during a Febrile Seizure**

If your child has a febrile seizure, your job is to prevent injury to the child, not to stop the seizure. There is nothing you can do to stop the febrile seizure. Here are some important steps you can take to keep your child safe:

- Stay calm.
- Lay your child on a safe surface (floor or a bed) away from sharp objects.
- Turn the child's head to the side to prevent any saliva or vomit from going into his/her lungs.
- **Do not put anything in the child's mouth or try to hold his/her tongue. Your child will not swallow his/her tongue during the seizure.**
- Do not try to stop the seizure. Do not shake or slap the child to wake him/her up.
- Stay with your child until the seizure is over.
- Check when the seizure begins and ends.
- Call your pediatrician.
- Call 911 if your child turns blue or stops breathing.

### **Prevention of Febrile Seizures**

Your child will probably not need to take medicine to prevent seizures if he/she had a febrile seizure. It is, however, important to keep your child's temperature down if he/she has a fever. If you think your child has a fever, take his/her temperature with a rectal thermometer as directed. If the child's temperature is  $>101^{\circ}$  F, give him/her Tylenol (generic is acetaminophen) or Motrin (generic is ibuprofen) as directed previously by your pediatrician. Do not give your child aspirin! Remove the child's clothing except for the diaper, and cover him/her with one light blanket. Avoid bundling the child tightly with several blankets. Encourage fluid (water, Pedialyte, Gatorade, or popsicles) intake to prevent dehydration. If you are going to give your child a sponge bath to help cool him/her off, use lukewarm water instead of ice or cold water. **Never give a child an alcohol bath.** This is an old home remedy myth that can be absorbed through the skin and be potentially fatal.

### **Will my child have another seizure?**

Febrile seizures often run in families. Your child's risk of having another febrile seizure depends on his/her age. Children younger than 1 year at the onset of the first febrile seizure have a 50% chance of having another. Those older than 1 year when they have the first seizure have a 30% chance of recurrence. Most recurrences occur within 6 months of the first febrile seizure. If you have further questions, please consult your pediatrician.

### **References:**

1. Hirtz, Deborah. Febrile Seizures. *Pediatrics in Review*. 18(1); January 1997.
2. <http://www.aap.org>
3. Micromedex care notes