Fever and Seizures (Febrile Seizures)

Babies and children often have illnesses with fever. For most children fever causes only minor discomfort that can be relieved with acetaminophen (Children's Tylenol®) or ibuprofen (Children's Motrin® or Advil®). But in a few children, fever can bring on a seizure or a convulsion. These are called febrile (FEB rill) seizures. Sometimes a seizure is the first sign that a child has a fever.

Febrile seizures are common. A few children will have one at some time - usually between the ages of 6 months and 5 years. Most children outgrow them by age 6. Almost a third of children who have had one seizure will have others. While scary to parents, febrile seizures usually do not last long and do not cause brain damage, learning disabilities or epilepsy.

Facts about febrile seizures

- Febrile seizures usually happen on the first day and in the first hours of fever.
- Febrile seizures can be caused by:
  - A temperature of 100.4° F or higher
  - A viral or bacterial infection such as flu, chickenpox, or an ear infection
  - A recent vaccine that causes a fever. The fever, not the vaccine, triggers the seizure.
- A child is at risk to have more than one seizure if:
  - There is a family history of febrile seizures.
  - The first seizure occurs before age one.
- There are two types of febrile seizures.
  - **Simple** (typical): This type is more common. The child has one seizure in 24 hours. It affects the entire body and lasts less than 15 minutes.
  - **Complex** (atypical): This type affects either one part or one side of the body. A child may have more than one seizure in 24 hours. Each may last more than 15 minutes.
Signs of a febrile seizure

During a febrile seizure, a child may:

- flutter eyelids or roll the eyes
- clench the teeth or jaw
- lose consciousness
- stiffen, jerk or twitch the muscles of the arms and legs
- lose bladder or bowel control
- have irregular breathing

What you can do

There is nothing you can do to make the seizure stop. The most important thing is for you to stay calm and protect your child from injury.

- If your child is sitting or standing, gently ease him or her to the floor. Remove things nearby that can hurt him.
- Place your child on a soft surface, lying on his side and turn the head to face downward (Picture 1).
- Loosen tight clothing. If your child wears glasses, remove them.
- Look to see exactly how your child moves and responds to you so you can describe it later.
- Time how long the seizure lasts. If the seizure stops in less than 5 minutes, contact your child’s doctor for further instructions.

What not to do

- Do not try to open your child's mouth or place anything between the teeth. This could injure the gums or break teeth.
- Do not try to stop or restrain your child's movements.
- Do not put your fingers into his mouth. He might accidentally bite them.
- Do not use cold water or add alcohol to bath water to bring a fever down.

When to call for help

Have someone call 911 for emergency help if any of these things happens:

- The seizure lasts more than 5 minutes. The emergency squad can give medicine to stop the seizure.
- Your child has trouble breathing during the seizure and his skin or lips change in color.

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When to call for help, continued

- Your child chokes on secretions (blood, vomit, etc.)
- Your child is injured during a fall or during the seizure and requires first aid (cut, broken bone).

Call your child’s doctor if he:

- Has a febrile seizure for the first time
- Has more than one febrile seizure
- Looks very ill, is very fussy or is hard to wake up.
- Has a stiff neck, bad headache, very sore throat, painful stomachache, unusual rash or keeps vomiting and has diarrhea
- Is younger than 2 months of age and has a rectal temperature of 100.4° F or higher.
- Fever comes back and lasts for 3 days or longer.
- Shows signs of dehydration — dry or sticky mouth, sunken eyes, or not urinating.

After the seizure

When the movements stop, your child may be quite groggy and confused. He may complain of a mild headache or be a little cranky or tired for a day or so. He will probably not remember having a seizure. There is no need to change your lifestyle or the way you care for your child.

- Your child can safely sleep in his own bed or crib. Be sure to remove extra pillows and soft toys from the bed. For a preschooler, you may want to think about using guardrails on the bed.
- If your child is acting sick and has other signs of illness, follow your doctor’s advice as you normally would.

Prevention and treating a fever

Talk with your child’s doctor about ways to treat a fever. Treating the fever with medicines may help your child feel more comfortable but it will not prevent a seizure.

Medicines such as ibuprofen or acetaminophen can be used for a fever higher than 101°F or if your child is uncomfortable. Make sure that you are using the right strength for the age of your child. (Picture 2)
Prevention and treating a fever, continued

- Follow the directions on the package of all medicines.
  - Acetaminophen (Tylenol®) may be used in children over 2 months.
  - Ibuprofen (Advil®, Motrin®) may be used in children over 6 months.
  - Do NOT give aspirin to children. Aspirin has been linked to a disease called Reye’s syndrome, which can be fatal.

- Give sponge baths after giving medicine. Use water that is lukewarm (85°F to 90°F). Sponge the water over the child’s body if he cannot be placed in the bathtub (Picture 3).

- Recheck your child’s temperature 15 minutes after the sponge bath. If the temperature is over 103°F or is going higher, repeat the sponging.

- Undress your child when indoors. Do not cover him with blankets.

- If your child is having febrile seizures very often, his doctor may prescribe a medicine to use.

Picture 3  Sponging with warm washcloths helps bring down a high fever. Do not use cold water or add alcohol to the water.