

Febrile convulsion

What is a febrile convulsion?

- Febrile convulsions are seizures which are caused by fever.
- Roughly 3 out of 100 children suffer such a seizure.
- A familial clustering is known.
- Children between 6 months and 6 years old are affected.
- The febrile convulsion occurs suddenly and often during the first rise in fever, but can also occur at any time during a febrile illness.
- Children become unconscious, stiff and exhibit rhythmic convulsions on the entire body. The eyes are open and often twisted upwards. Facial colour can be blue, red or pale. Seizures usually last less than 5 minutes. Children are drowsy after the seizure.
- A complicated febrile convulsion is referred to if the seizure lasts longer

than 15 minutes or occurs repeatedly within 24 hours, or only affects one side of the body and a hemiparalysis remains temporarily after the seizure.

- A febrile convulsion is not epilepsy!

What are the risks of a febrile convulsion?

- Fatalities in connection with febrile convulsions are not known.
- Injuries or swallowing food occur very rarely during a seizure.
- Febrile convulsions have no effects on neurological or mental development.
- The risk of subsequent epilepsy is slight.
- Since a very serious illness can be behind the fever, you should always consult or call a doctor after a febrile convulsion.

Can a febrile convulsion recur?

- Most children suffer only one febrile convulsion?
- Approx. 30% have a second febrile convulsion, approx. 10% three and more febrile convulsions.

What can be done to prevent a febrile convulsion?

- There are no measures which safely prevent febrile convulsions.
- Long-term treatment with antiepileptic drugs is not implemented because of their possible adverse effects and because of the good prognosis of febrile convulsions.
- The prophylactic effect of antipyretic measures has not been proven.

What do I have to do in the event of a febrile convulsion?

1. Keep calm! A febrile convulsion is harmless, even if it does not appear so.
2. Remove objects which could injure your child.
3. Look at a clock to estimate the duration of the seizure.
4. If the seizure lasts longer than 5 minutes, administer diazepam micro-enemas (5 mg under age 1 or 10 mg over age 1) rectally.
5. If the seizure does not stop after another 10 minutes, call the emergency doctor (tel. 144).
6. Since some children vomit after the seizure, you should place your child in a lateral recumbent position after the seizure.

By no means should you shake or hold onto your child, try to open the jaw by force, shove objects between the teeth, give mouth-to-mouth resuscitation (children are frequently blue during the seizure) or splash with water.