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Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: 01784 884488

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: 01932 872000

Website: www.ashfordstpeters.nhs.uk

Febrile Convulsion

Paediatrics Department



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Dr Erin Dawson

Department: Paediatrics

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Febrile Convulsion

What is a Febrile Convulsion?

A febrile convulsion is a fit which occurs in some children when they have a high temperature. Whilst this is frightening to watch, the majority are not serious and do not lead to any permanent damage.

They occur in children aged 6 months to 6 years.

Although 6 in every 100 children will have one or more febrile convulsion, most children will not have more than one episode. The chances of having a recurrence are higher in a child who is less than 15 months old when they have the first fit, or if there is a family history of febrile convulsions.

What happens during a febrile convulsion?

Usually the child will become floppy, their eyes will roll back, and they will be unresponsive. They will then become stiff with symmetrical rhythmical jerking movements of the upper and lower limbs. This usually lasts less than a minute, although the child may be very sleepy for some time afterwards.

Another condition sometimes associated with a high temperature is a rigor. The child has violent shuddering movements of their body, but does not lose consciousness and is not sleepy afterwards.

A child may have been unwell before a fit, but sometimes the fit is the first sign of illness.

What should I do?

A doctor should examine the child to establish the cause of the infection. The most common causes are colds, ear infections etc. Occasionally the fit is a sign of a more serious infection, but this will be detected during the doctor's examination.

If your child has a convulsion, you should put them on their side and remove anything which is visible in their mouth which could block the airway.

Excessive clothing should be removed when the fit has stopped, and Paracetamol or Ibuprofen can be given to make your child feel more comfortable when they are awake enough to swallow. Follow the dosage and frequency instructions given on the bottle. Your child should also be encouraged to drink plenty of cool drinks.

If a child has a fit which lasts more than 5 minutes, has another fit immediately after the first, has a fit involving only part of the body, or has any difficulty breathing then an ambulance should be called and the child taken to hospital.

The treatment involves treating the cause of the temperature. No specific treatment is required for the convulsion itself, unless it does not resolve spontaneously in less than 5 minutes.

No investigations are required following an uncomplicated febrile convulsion.

Having a febrile convulsion is not a predictor of having epilepsy in later life, but a very small proportion of children (1 in 100) will

develop epilepsy. A child is more likely to develop epilepsy if there is a family history in first degree relatives.

Having a temperature is a normal reaction to having an infection, and will not harm a child. Giving Paracetamol or Ibuprofen will make the child more comfortable by reducing the temperature, but there is no evidence to suggest that these medicines will prevent a febrile convulsion, therefore they should not be given for this purpose alone.

Further Information

National Institute of Clinical Excellence (NICE) Guideline 2007
Feverish Illness in Children: assessment and initial management in children younger than 5 years.

The following websites may also be of interest:
www.cks.library.nhs.uk
www.patient.co.uk