

FEBRILE SEIZURES

A seizure or convulsion is a sudden change in brain function, which is involuntary and usually includes a change in consciousness and movements such as jerking, twitching or stiffening. There are many types of seizures. Febrile seizures, or seizures caused by fever, are benign – that is, they do not indicate any underlying brain abnormality and they do not cause any damage themselves. Febrile seizures tend to run in families. They are sometimes called “fever fits.”

CHARACTERISTICS

Characteristics of typical febrile seizures include:

- Age 6 months to 5 years.
- Brief duration (less than 10 minutes).
- Occur early in an illness that causes fever.
- Single seizure per illness (sometimes more than one seizure but in a short time frame).
- Generalized, that is, all parts of the body are involved equally. A brief period of sleepiness usually follows generalized seizures but the patient soon recovers and is normally alert.
- Normal neurological examination after the seizure is over.
- A family history of febrile seizures.
- No past history of neurologic problems.

TREATMENT

Home treatment consists of supporting the child during the seizure so that secretions are not inhaled into the lungs with efforts to breathe or cough. This is best done by having the child lie on his side. It is not necessary and may be dangerous to attempt to force an object between the teeth. The common belief that a child may swallow his tongue is not true. Do not attempt to give medication by mouth during the seizure. You may allow up to five minutes for the seizure to stop before calling for emergency help. The closer you live to medical attention the longer you can wait.

When the seizure is over, the temperature should be brought down with acetaminophen (Tylenol) or ibuprofen (Motrin, Advil). Your child will need to see a doctor at the office or the emergency room – speak with our office by telephone first so we can review the situation.

It is important to determine if the seizure was caused solely by the fever. It is also important to determine the cause of the fever. Sometimes more serious disorders are signaled by fever and a seizure. Therefore, we should ALWAYS be consulted.

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Children who are unimmunized or incompletely immunized are evaluated more aggressively because they are more likely to have serious infections.

The febrile seizure is not dangerous for a child and serious after effects are rare. Since a seizure does no harm, no treatment for the seizure is needed. Furthermore, there is no reason to expose a child to the potential side effects of seizure drugs. Approximately one third of children with febrile seizures experience second seizure. Repeated febrile seizures are also harmless.

Generally febrile seizures cannot be prevented by heroic fever control because they usually occur just as the illness is beginning, before parents realize their child has a fever. No parent should feel guilty if a child experiences additional febrile seizures.