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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](http://www.ashfordstpeters.nhs.uk)

# Febrile Convulsions Information for Parents Paediatric Accident and Emergency



This leaflet is for parents whose child has been diagnosed with a febrile convulsion.  
If you have any further questions or concerns, then please speak to the staff member in charge of your child's care.

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## 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](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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**Author:** Dr Jennifer Browne

**Department:** Paediatrics

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## Useful Sources of Information

Epilepsy action

<https://www.epilepsy.org.uk>

NHS febrile seizures

<https://www.nhs.uk/conditions/febrile-seizures/>

Signs of serious illness

<https://www.nhs.uk/conditions/baby/health/is-your-baby-or-toddler-seriously-ill/>

## What are febrile convulsions?

A febrile convulsion is a seizure that is triggered by a high temperature in a child. They occur between the ages of 6 months and 6 years, however, are most common at the age of 2 years.

Febrile seizures occur in about 5 out of every 100 children under the age of 6 years.

## What happens during a febrile convulsion?

**During the convulsion your child may:**

- Blink rapidly or roll their eyes
- Become stiff
- Lose consciousness
- Jerk their arms and legs
- Become floppy after the jerking
- Be confused and drowsy once the seizure has stopped.

**There are two types of febrile convulsion:**

- Simple: This is the most common type. There is only one seizure in 24 hours. The entire body is affected, and it lasts less than 15 minutes.
- Complex: A febrile seizure is termed complex if it affects one part or one side of the body OR there is more than one seizure in 24 hours OR the seizure lasts longer than 15 minutes.

## What causes febrile convulsions?

Febrile convulsions occur when children have a temperature above 38°Celsius. The most common cause of a febrile convulsion is a viral infection, such as chicken pox, ear infection or tonsillitis.

Occasionally a bacterial infection will cause a febrile convulsion.

There is a slight tendency for febrile convulsions to run in families.

## How are febrile convulsions diagnosed?

The most important question when a child has a febrile convulsion is 'what is the cause of the fever?'

**Your child should be assessed by a doctor after any seizure, even if it has stopped.** The doctors and nurses will take observations, including temperature, breathing and heart rate.

A thorough examination will be carried out to try and find the infection that has caused the febrile convulsion.

Bloods tests and urine samples may be taken. If a more serious bacterial infection is suspected, then a lumbar puncture and additional tests may be performed.

## Childhood Immunisations

It is very important that your child has their full course of immunisations. If your child has previously had a febrile convulsion following an immunisation it is important to check their temperature and give them paracetamol if they are uncomfortable.

## Follow-up

Children who have experienced a single simple febrile convulsion do not require routine follow-up after attending hospital.

**If your child has had a complex seizure, has recurrent simple febrile seizures or there are concerns about development they will be seen by a paediatrician in an outpatient clinic for further assessment.** You should receive an appointment for this via post.

- Your child **MUST** be examined by a medical professional if they have a further febrile convulsion.
- An ambulance should be called if the seizure lasts 5 minutes or longer **OR** the seizure has stopped but they are unwell.

### Call 999 or go to A&E if your child:

- has a seizure for the first time
- has a seizure that lasts more than 5 minutes
- is having difficulty breathing
- has stiffness and twitching on only 1 side of their body
- is more sleepy than usual for more than 1 hour after the seizure stops
- has more than 1 seizure within 24 hours

Do not take your child to A&E if they are still having a seizure or are unconscious, call 999 instead.

## Will it happen again?

About one in three children have a further febrile convulsion. This is more likely if:

- Your child is younger than 18 months at the time of the first seizure.
- The seizure occurred with low grade fever.
- There have been multiple seizures within the same febrile illness.
- There is a family history of febrile seizures.

The vast majority of children with febrile convulsions do not have further seizures after the age of 6 years.

In very rare cases, children with febrile seizures that last more than 30 minutes may develop complications. If this is the case, then further investigations may be required.

## Is it epilepsy?

Febrile seizures are not a form of epilepsy. The majority of children who have a simple febrile seizure do not develop epilepsy. The chances of developing epilepsy later in these children is 1% to 2%, which is very similar to the risk of any other child.

Risks that mean that your child may develop later epilepsy include;

- Problems with development before the febrile seizure. If you believe there are any signs or symptoms that are important, please discuss these with your doctor.
- Having a complex seizure: lasting longer than 15 minutes OR more than one seizure in 24 hours OR only one side of the body is affected.
- History of seizures in a parent, brother or sister.

If these risk factors are present the risk of epilepsy developing is between 6% and 8%.

## Can febrile convulsions be prevented?

Febrile convulsions unfortunately cannot be prevented, however **extra vigilance when your child has a fever is advised**. Seizures can occur during periods of sleep.

The use of paracetamol and ibuprofen is not routinely recommended to prevent convulsions. However, it can be given to treat pain and distress that the fever may cause.

Encourage your child to drink plenty of fluid when they are unwell. When they have a temperature, you can remove extra layers of clothing and ensure the bed is clear of excess toys, pillows and blankets. The use of a fan or tepid sponging is not recommended.

There is emerging evidence that febrile convulsions may be associated with SUDC (sudden unexplained death in childhood). This link is poorly understood with more research required. It is important to remember that febrile convulsions are common, and SUDC is rare.

Given that your child has experienced a seizure whilst unwell you may consider using a monitor in their bedroom when they are asleep at night.

## What to do if your child has another febrile convulsion

Febrile convulsions can be very frightening to watch, however the majority do not lead to serious consequences.

- Try to stay calm and, if possible, note the time when the convulsion begins.
- The safest place for your child is on the floor away from any objects that might hurt them.
- Do not place anything in or near their mouth.
- It is not possible to stop the jerking movements, but you can reassure your child by talking to them.
- Once the jerking movements have stopped your child can be placed in the 'recovery position' on their left side.