

Febrile Convulsions (Fever Fits)

Children's Services
Women & Children's Services

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries you may have.

Information for patients and visitors

Introduction

The aim of this leaflet is to provide you as parents or carers with information about Febrile Convulsions.

The information contained within this leaflet will not stop a febrile convulsion but will ensure that you can keep your child as comfortable as possible during a convulsion.

What is a febrile convulsion?

Febrile convulsions are fits (seizures) that sometimes happen in a child with a high temperature. Febrile means related to fever. They can happen as a result of any illness that causes a high temperature, over 38°C (101F). A normal body temperature is 36 to 37.5°C. The words 'convulsion', 'fit' and 'seizure' all mean the same thing.

A convulsion is an attack in which the child becomes unconscious and usually stiff, with jerking of the arms and legs. It is caused by a storm of electrical activity in the brain. Febrile convulsions are not as serious as they look.

Watching your child have a febrile convulsion can be a frightening experience for parents and carers, especially as they look like epileptic fits. Epilepsy is when a person has fits that aren't caused by a fever. Febrile convulsions rarely lead to epilepsy. 99% of children with febrile convulsions never have convulsions after they reach school age.

Febrile convulsions usually happen between the ages of 6 months and 5 years, however, it is most common between 6 months to 3 years.

Children who have one febrile convulsion may have another during the same illness or another illness.

What causes a febrile convulsion?

Common illnesses and infections including:

- Coughs & colds
- Tonsillitis
- Otitis Media (ear infections)
- Pneumonia
- Kidney or Urinary tract infections



Information for patients and visitors

What are the symptoms of a febrile convulsion?

Most febrile convulsions are between 1 to 5 minutes. They usually happen on the first day of an illness and do not always happen when the child's temperature is hottest. In fact, a febrile convulsion is sometimes the first sign that the child is ill:

- At first the child looks hot and flushed because of their temperature
- They become dazed or confused and black out (lose consciousness). At this point they may fall down if they have been sitting or standing
- The child's muscles tighten and this may cause them to moan or cry out
- They may stop breathing (usually for around 30 seconds) and their skin may turn a little blue
- Muscles in the arms, legs and face and other parts of the body, twist and shake
- The child's eyes may roll backwards
- Many children also lose control of their bladder or bowel
- They often fall into a deep sleep afterwards
- It may take them up to an hour to recover

A complicated or complex seizure is when the seizure:

- Focuses on one particular part of the body, e.g. one arm twitches and shakes but the rest of the body does not
- Lasts more than 15 minutes
- Happens soon after another seizure during the same illness

What should I do if / when my child has a fever?

Febrile convulsions usually come at the start of an illness when your child's temperature is rising. Take action as soon as you think your child is developing an infection, even if it only seems slight at the time.

If you want to know how hot your child is you should feel their back, tummy or underarm rather than their limbs.

Look for signs that your child may be dehydrated (dry mouth, no tears, sunken eyes, and sunken fontanelle – the soft spot on a baby's head).

Look out for and identify a non-blanching rash (a rash that does not disappear with pressure). Do the 'tumbler test' if your child has a rash.

Information for patients and visitors

Things to do to help keep your child cool

- Take off extra clothing, e.g. change to light cotton clothing or leave your child in vest and nappy / pants
- Try to look after your child in a cool room
- Encourage plenty of drinks because your child may be losing a lot of fluid (by sweating) and this fluid should be replaced
- Consider giving your child Paracetamol or Ibuprofen, but please note they will not prevent a febrile convulsion occurring

Paracetamol – The dose of Paracetamol can be given every 4 hours. Do not give more than 4 doses of Paracetamol in 24hrs.

Ibuprofen – The dose of Ibuprofen can be given every 6-8 hours. Do not given more than 3 doses of Ibuprofen in 24hrs.

Paracetamol and Ibuprofen should not be given at the same time for children with a fever.

Children under 16 should not be given Aspirin.

Things advisable not to do:

- Do not wrap your child in a blanket
- Do not put any extra clothes on your child
- Do not give them a hot water bottle
- Do not take your child into bed with you
- Do not sponge your child with water. This does not help reduce the fever

Will my child suffer discomfort or pain during a convulsion?

No, your child is unconscious and unaware of what is happening. The convulsion is much more disturbing for the parents than the child.

What should I do if my child has a febrile convulsion?

There is nothing you need to do to try and stop it. Most febrile convulsions will stop by themselves after a few minutes, so check the time when the convulsion started. However you can help by:

- Lay your child on his / her side with their head slightly tilted back to keep the airway clear. This is called the recovery position
- Usually your child will start breathing again after 30 seconds. **If you are concerned they are not breathing dial 999 immediately**
- Make sure there is no tight clothing around the neck



Information for patients and visitors

- Wipe away any saliva from around the mouth

If your child is still convulsing after 5 minutes you should call 999 as prolonged convulsions may be serious.

If your child has a short convulsion and soon recovers, inform your GP as soon as possible. Your GP will tell you if anything else needs to be done.

What happens if my child is admitted to hospital?

Nursing and medical staff will take a brief medical history from you and start to complete some paperwork. Nursing staff will check your child's temperature regularly; they will also observe their pulse (heart rate) and breathing (respiratory rate). They will record these observations on a chart. If your child still has a high temperature medicine will be given to help reduce it. If the febrile convulsion happens again then the doctors may give your child some other medications, but this will be discussed with you.

Your child will be nursed in minimal clothing and in a cool environment, drinks will be offered and if tolerated a normal diet will be given.

How long will my child remain in hospital?

If this is the first febrile convulsion that your child has suffered, then they may need to stay in overnight.

Some children however may be able to go home the same day, if a focus for their illness is found and once medical staff are happy with their progress.

Will my child need to be seen again?

A follow up appointment is not always necessary. If medical staff would like to see your child again the reason for this will be explained to you by nursing staff before they are discharged.

Risks & side effects

A simple febrile convulsion is not known to cause any serious damage to your child and the risks of long term complications are extremely low. In the UK there have been no known deaths caused by febrile convulsions.

Alternative treatments

There are no known alternatives available.

Further information

If you require any further information please do not hesitate to speak to either nursing or medical staff, your GP / Health Visitor or visit the NHS Choices website or NHS Direct Online.

www.nhs.uk

www.nhsdirect.nhs.uk



Information for patients and visitors

Contact details

Rainforest Ward, Diana Princess of Wales Hospital, Grimsby

Telephone: 03033 304477

Disney Ward, Scunthorpe General Hospital, Scunthorpe

Telephone: 03033 302553

References

NHS Choices Website.

Nice Guidance Feverish Illness in Children May 2007.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: nlg-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.



Information for patients and visitors

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.



Information for patients and visitors

Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH

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Woodland Avenue
Goole
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