



Leaflet: Febrile Convulsion

Febrile Convulsions

A febrile convulsion happens in about three in every hundred children aged between 6 months to 6 years. They are most common between the ages of 18 months and 3 years. What happens is, if the child has a high temperature, the brain may become 'overheated'. This can lead to the child losing consciousness and the body shakes in a convulsion. Any illness causing a high temperature (fever) can cause a febrile convulsion. Most febrile convulsions occur with common childhood illnesses, for example, coughs, colds, 'flus and virus infections. Of children who have febrile convulsions, two-thirds will only have one in their life. The remaining one-third may have a further convulsion with a future feverish illness.

Two common questions

Are they dangerous? Although alarming when they happen, they are not usually dangerous and full recovery is usual. Remember, most illnesses causing fever and febrile convulsions are the common coughs, colds and 'flus which are not usually serious. However, if the illness causing the fever is serious, for example pneumonia, then the child might become quite ill.

Do they lead to epilepsy? Usually not. It is thought that the tiny number of children who develop epilepsy would have done anyway and the febrile convulsion had nothing to do with it.

Prevention of febrile convulsions

It is important to keep cool any young child with a fever. If a child appears hot or seems to be developing a fever then the following will help. Keep the child very lightly dressed or strip all clothes off if the room is warm. If possible, use a fan to cool the child. Give adequate doses of paracetamol (eg . Calpol, Disprol etc). Give lots of cool drinks.

First Aid for febrile convulsions

If a child is having a febrile convulsion then lie the child in the recovery position until the convulsion is over. This means lie them on their side with their head level or slightly lower than the body. Strip all the child's clothes off. If available, give a paracetamol suppository. If that is not available, as soon as the child has recovered enough to swallow, give a dose of paracetamol by mouth (Calpol, Disprol, etc). Do not slap or shake the child.

What to expect

If a child has a febrile convulsion the following things may occur. He or she may look hot and flushed and their eyes may appear to roll backwards. The child may appear dazed before becoming unconscious. A part of the body may twitch or shake. An episode usually does not last long. It may only be a few seconds and is unusual for it to last more than a few minutes. The child may be sleepy for some time afterwards. An hour or so later the child often appears a lot better when their temperature cools. If the child does not improve quickly then this may indicate a more serious infection. Medical attention is then needed urgently

Once the child is past the age of three, febrile convulsions are much less likely to occur with fevers. Recurrences are not common. However it is best to be prepared. Useful tips include the following. Practice putting children in the recovery position. Be confident that you know how to bring a temperature down in a child (see above). Always have some paracetamol mixture or suppositories available.

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