

■ Febrile Seizures (Seizure with Fever) ■

Seizures occurring with fever are usually harmless. However, it is important to be sure that a serious infection, like meningitis, is not causing the seizure. Always notify our office when your child has had a seizure, with or without fever.

What are febrile seizures?

There are two kinds of febrile seizures: *simple febrile seizures* and *complicated febrile seizures*. Both can happen in children between the ages of 6 months and 5 years.

Simple febrile seizures are the most common type of seizure in children. They don't last long and usually do not hurt the child. A complicated febrile seizure is one that lasts longer than 15 minutes, involves shaking of just one side of the child's body, or occurs again within 24 hours.

A complicated febrile seizure may mean that your child has a greater chance of developing epilepsy later (although the chance remains small). It may also mean your child is more likely to have a severe infection, like meningitis. Meningitis is an infection of the covering of the brain and can be very serious or fatal if not treated.

What do they look like?

- Your child will have a fever, with or without other symptoms such as a runny nose.
- You may see sudden, rapid, repeated shaking of both arms and legs. Your child's eyes may be rolled back in his or her head.
- A simple febrile seizure is usually brief, lasting only seconds to minutes (less than 15 minutes).
- Following the seizure, your child may be sleepy for a short time.

What should you do if your child has a febrile seizure?

- Place your child on his or her side to prevent choking on food or vomit.
- Give no medications or anything by mouth during the seizure to avoid the risk of choking.
- Call our office to notify us of your child's seizure. At that time, we will let you know whether your child needs to be seen in the office or hospital.

- Don't panic! Remember, most febrile seizures are brief and are not harmful to the child.

If the seizure has not stopped within a few minutes, call an ambulance or seek other medical attention immediately. 

What causes febrile seizures?

Febrile seizures occur when the body temperature goes up quickly (fever), as happens early in an illness. The fever is most commonly caused by a viral infection.

What puts your child at risk of febrile seizures?

- If another child in your immediate family has had febrile seizures, your child is at greater risk.
- If your child has had a febrile seizure in the past, he or she is more likely to have seizures with future illnesses.
- Children younger than 12 months at the time of their first seizure have a 50% chance of having another febrile seizure with a later illness.
- Children older than 12 months at the time of their first seizure have a 30% chance of having another febrile seizure with a later illness.

Can febrile seizures be prevented?

- There is no proof that giving drugs to control fever, such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin), helps to prevent seizures. However, it is certainly reasonable to give your child one of these drugs to prevent a rapid rise in body temperature that might cause a seizure. For children who are under 2 years old, call our office to ask about the correct dosage.
- Daily use of drugs (anticonvulsants) used to control seizures is generally not recommended *for simple febrile seizures*.

What are some possible complications of febrile seizures?

- The seizure itself, if brief, does no harm to the child.
- It is important to be sure that the cause is not a serious infection like meningitis. Complicated febrile seizures that last more than 15 minutes or involve only one side of the child's body may be associated with a greater chance of a severe infection or the development of epilepsy in the future (although the chance remains small).

What follow-up care is needed?

- Febrile seizures usually go away without treatment; however, it is always important to notify our office when your child has had a seizure.
- We may want to run tests to find out whether your child has an infection and determine its cause. The doctor may perform a test called a lumbar puncture, or “spinal tap,” to be sure your child does not have meningitis. This test is done by placing a needle between the bones of your

child's spine and removing a small amount of fluid (called cerebrospinal fluid). Your child will receive anesthetics so that he or she will not feel the needle. Be assured that this test is safe and will not hurt your child.



When should I call your office?

Call our office any time your child has a seizure, whether or not there is a fever and whether or not your child has had a febrile seizure before.