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FEBRILE SEIZURES IN CHILDREN

Most Children Suffering from Febrile Seizures are Not at Significantly Greater Risk of Epilepsy

Most Children with Febrile Seizures Do Not Require Daily Treatment and Long-Term Outlook is Excellent

Febrile seizures can be a very scary and alarming experience, especially since they can occur so unexpectedly and to very young children. While a child may very well outgrow febrile seizures by the time they reach 6 years of age, the fear of damage caused by such events is always a concern.

Please use this guide as a resource for knowledge and understanding of febrile seizure causes, symptoms, diagnosis, and treatment.

01 | Cause

After a child receives a high fever, typically associated with a viral infection; the body may react in a violent way as febrile seizures. Some childhood immunizations may increase the risk for a child to suffer a febrile seizure due to the chance of developing a fever after the vaccination. There is no direct link to any other neurological or nervous system condition that can explain febrile seizures. These events are consistently linked to the body's reaction to a high fever.

02 | Symptoms

Febrile seizures are classified as simple or complex. Simple febrile seizures are more common and last from a few seconds to 15 minutes. Simple febrile seizures do not recur within a 24-hour period and are not specific to one part of the body. Complex febrile seizures are less common and last longer than 15 minutes. Febrile Seizures most often occur within 24 hours of the onset of a fever, for which the child will suffer from shaking, jerking, tightening of the muscles, or loss of consciousness.

03 | Diagnosis

No specific tests are available to diagnose febrile seizure. Physicians should instead focus on diagnosing the cause of fever. Other laboratory tests may be available by the nature of the underlying febrile illness. For example, a child with severe diarrhea may benefit from blood studies for electrolytes. Complex febrile seizures may require additional testing; an electroencephalogram which measures brain activity is common. A seizure involving one side of a child's body may require an MRI to check a child's brain as well.

04 | Treatment

While most febrile seizures stop on their own within a couple of minutes it is important to follow up with a provider if the seizures last more than 10 minutes, or occur repeatedly. A provider may order a prescription to stop seizures occurring longer than 15 minutes. If a child suffers from an infection or prolonged seizure episodes a provider may recommend observation in a hospital. For anyone suffering a seizure, the following are ways to render first aid:

- Place the person on his or her side on a surface where they won't fall
- Stay close to watch and comfort.
- Remove hard or sharp objects.
- Loosen tight or restrictive clothing
- Don't restrain or interfere with movements.
- Don't put anything in their mouth
- Time the seizure

For more information on febrile seizures and other pediatric related conditions, please visit: *www.childrenshospitals.org*

Did You Know?
A majority of febrile seizures are convulsions

References

http://www.advancedpediatricassociates.com/Parent-Resources/Pediatric-Health-Library/Medical-Conditions/Articles/Febrile-Seizure.aspx

http://www.mayoclinic.org/diseases-conditions/febrile-seizure/basics/definition/con-20021016