

## Febrile Seizures in Children

**F**ebrile seizures are seizures that are associated with fever and experienced by a baby or child. Approximately 3% to 5% of children between the ages of 6 months and 6 years will have a febrile seizure. Among children who have had a febrile seizure, about 20% to 30% will have another at some point. The most common cause of fevers that lead to febrile seizures is a viral infection, like a cold.

During a febrile seizure, children may look strange for a few moments, then stiffen, twitch, or roll their eyes. They may be unresponsive for a short time, breathing may look unusual, and skin may look a little darker. After the seizure, the child quickly returns to normal activity. Febrile seizures usually last less than 1 minute; in rare cases these seizures can last as long as 15 minutes.



### IF YOUR CHILD HAS A FEBRILE SEIZURE

- Place him or her on the floor or bed away from any hard or sharp objects
- Turn his or her head to the side so that any saliva or vomit can drain from the mouth
- Do not put anything in his or her mouth
- Call your pediatrician

If this is your child's first seizure, he or she should be examined by a physician to confirm that the seizure was a febrile seizure and to determine the cause of the fever.

### CONSEQUENCES OF A FEBRILE SEIZURE

Febrile seizures can be very frightening for parents. However, febrile seizures in otherwise healthy children have no long-term consequences. Febrile seizures do not cause brain damage or nervous system problems and are not life-threatening.

### CAN FEBRILE SEIZURES BE PREVENTED?

Physicians used to recommend that all children who have had a febrile seizure in the past be treated aggressively with antipyretics during a fever. Antipyretics are medicines that lower fever, like ibuprofen or acetaminophen. It was thought that preventing a high fever would protect the child against having another febrile seizure. A new study in this month's *Archives* studied several antipyretic medicines in children who had a previous febrile seizure. They studied 2 groups of children, all of whom had a history of a febrile seizure: one group received medicine to lower fevers; the other did not receive any active medicine during fevers. The researchers found that there was no difference in the chance of having another febrile seizure in children who had medicine during a fever and children who did not have any medicine during a fever. In both groups, about 23% of the children had another febrile seizure. This study helps us to understand that children who have a history of febrile seizures should be treated like any other child during a fever. Parents can provide antipyretic medicine to comfort their child, but they should not feel that treating every fever is necessary in children who have had a previous febrile seizure.

### INFORM YOURSELF

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