

Further information

If you need any more information or advice please contact: 111.

Call 111 if you need medical help fast, but it's not life-threatening – for example, if you:

- Think you need to go to the hospital.
- Don't know who to call for medical help.
- Don't have a GP to call.
- Need medical advice or reassurance about what to do next.



For health needs that are urgent, you should call your GP.

If a health professional has given you a number to call for a particular condition, you should continue to use that number.

Further information can be found on the internet. You may find these websites useful:

www.nhsdirect.nhs.uk

www.patient.co.uk

www.surgerydoor.co.uk

Information and internet access is also available from the Patient Experience Hub. To get there, follow the signs for the 'Patient Experience Hub' from the Hospital's main entrance.

The information has been produced by the Emergency Department.

Support our Emergency Department


Birmingham
Children's Hospital
Charity
Doing more for sick kids

With up to 200 children coming to our Emergency Department every day, with everything from broken toes to severe road traffic injuries, there can be a bit of a wait. With your help, we can continue to provide books, toys and activity packs to keep children occupied and distracted during any waits and throughout their treatment journey.



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NHS

Birmingham Women's
and Children's
NHS Foundation Trust

Advice Sheet for

Febrile Convulsion

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By your side

Information for Parents: Caring for your child after a febrile convulsion

What is a febrile convulsion?

A febrile convulsion is a seizure (fit) that occurs in some children when they have a high temperature or a sudden rise in body temperature.

They more commonly occur in children aged 6 months to 5 years, with approximately 3 or 4 children out of 100 having a febrile convulsion before their 6th birthday. The risk increases if there is a family history (parent or sibling) of febrile convulsions.

There is no direct link between febrile convulsions and epilepsy. 1 or 2 children out of 100 with a febrile convulsion will go on to develop epilepsy, but this is more likely if your child has a developmental delay, a family history of epilepsy or if your child's febrile convulsion lasted for more than 15 minutes.

A febrile convulsion usually lasts less than 10 minutes during which your child may have some or all of the following symptoms:

- Clenched jaw
- Jerking and stiffening of their arms and legs
- Roll their eyes
- Wet themselves
- Bite their tongue
- Unresponsive
- Increased saliva

Following the convulsion, your child will probably sleep or may be miserable. This is quite normal. Try to lower your child's temperature by removing their clothes and give a dose of children's paracetamol or ibuprofen. Please follow the dose instructions on the packing carefully and make sure you do not give your child more than recommended dose.

What does it mean if your child has a febrile convulsion?

Many parents are very frightened when their child has a febrile convulsion. However, most children recover completely with no long term effects. Typical, short febrile convulsions are not dangerous and do not lead to later problems such as epilepsy or damage to the brain. It is not uncommon for a child to have another febrile convulsion in the future.

What do I do if my child has another febrile convulsion?

- Lay your child on their side on the floor
- Move away anything they may hurt themselves on.
- Do not put anything in their mouth.

Call 999 (for an ambulance) if your child has:

- Difficulty in breathing.
- Another convulsion, after the first one stops.
- If the convulsion lasts longer than 5 minutes.
- If your child has previously had a prolonged febrile convulsion that required medication to stop it.

If your child has more than one convulsion or becomes lethargic in a short space of time, return with your child to the Emergency Department.

Your GP, Health Visitor or a member of the Community Nurse team may give you further advice and help.

Data Protection - Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about your child relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your child's care. This may involve taking your child's information off site. We may also have to share some of your information for other purposes; such as research etc. Any information that is shared in this way will not identify your child unless we have your consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.