Febrile seizures

Febrile seizures are common in children under 5 years old. Usually they are over quickly, they don’t happen again, and they have no lasting effects (the word febrile just means feverish).

Seeing your child have a seizure can be frightening. But if it is brief and they happen at the same time as a high temperature there’s usually nothing to worry about.

We’ve brought together the best research about febrile seizures to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for your child.

What happens?

Febrile seizures are fairly common in babies and young children. They affect up to 5 in 100 young children and are slightly more common in boys than in girls. They are brief seizures, or fits, which can happen when your child has a fever (a high temperature).

There are many illnesses that can cause a fever. The fevers that most commonly happen alongside a febrile seizure come from ear infections and from tonsillitis.

Children can get febrile seizures from when they are a few months old. There are different types of seizures. This information is about simple febrile seizures.

What are the symptoms?

The symptoms can be alarming. Your child’s body may twitch or shake, and your child loses consciousness. They won’t look at you or react to your voice. They may foam at the mouth, vomit, or wet or soil themselves.

Most children who have a simple febrile seizure twitch or shake evenly on both sides of their body. But some children go rigid, holding their arms and legs stiffly. Either way, the seizure lasts only a couple of minutes. Children often go into a very deep sleep after a seizure.

If one side of your child’s body twitches harder, or if the seizure lasts more than 15 minutes, or if your child has more than one seizure within 24 hours, they may be having a type of seizure called a complex febrile seizure. These are more serious than simple febrile seizures. If your child gets these symptoms, you should get them immediate medical attention. Take them to hospital or call for an ambulance.

What to do

If your child has a seizure:
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• Check the time. It’s useful if you can tell your doctor how long a seizure has lasted. If it goes on for more than five minutes you should get medical help

• For babies, cradle them in your arms, on their side, with their feet slightly higher than their head

• If your child vomits, clear it away from their mouth so they don’t choke. But don’t put anything in your child’s mouth

• If your child twitches, check whether one or both sides of their body move. If one side jerks more, tell the doctor. Try to remember which side.

If it’s the first time your child has had a seizure, take them to the doctor or to hospital, or call for an ambulance.

If your child has had a febrile seizure before they may not need to see a doctor. But always get medical help if you’re worried. If your child has already had one febrile seizure in the last 24 hours, or if they have more than one seizure in the space of 24 hours, get medical help.

What treatments work?

Most febrile seizures are over quickly and don’t need any treatment. Most of the infections that cause the fevers linked to febrile seizures are caused by viruses, not by bacteria. So antibiotics are not useful for infections not caused by bacteria.

Some medicines have been tried to prevent febrile seizures, but there’s not enough good evidence to show that they work.

Febrile seizures are related to a fever (a high temperature). The medicines paracetamol and ibuprofen can reduce the fever and make your child feel more comfortable. But they don’t prevent further seizures.

You can buy these drugs as syrups from a chemist. Brand names include Calpol (which contains paracetamol) and Calprofen (which contains ibuprofen). Paracetamol can be used for children 3 months and older and ibuprofen for children 6 months and older.

Ibuprofen sometimes causes an upset stomach. Paracetamol is less likely to cause side effects. But paracetamol can cause severe liver damage if your child takes too much. This can be bad enough to cause death. Make sure you don’t give your child more than the recommended dose.

Doctors sometimes try drugs called anticonvulsants to prevent seizures in children who have had several. But this is not usually recommended. There’s not enough good research that shows that they help. Also, they often cause side effects, such as hyperactivity (being overactive); tiredness; irritability; and problems with speech, movement, and sleep.
What will happen?

A doctor will look for the infection that caused the febrile seizure. Your child may need treatment for the infection. If your doctor can't see signs of an infection they may take a urine sample or do a blood test.

The doctor might want your child to stay in hospital for a short while, just to keep an eye on them. This is more likely if your child is very young.

Your child will also need to go to hospital if the doctor thinks they might have meningitis. Meningitis can sometimes cause a seizure. It's a serious illness but it's quite rare in children with febrile seizures.

Children recover completely from a simple febrile seizure. But if your child has had one seizure there is about a 1 in 3 chance of a second seizure if they have a fever in future.

Febrile seizures don't cause any problems with children's learning or development. Children who've had seizures do just as well at school as other children. Most children grow out of them by 5 or 6 years of age.

If a child has a febrile seizure they have a slightly increased chance of getting epilepsy in later life. Epilepsy is a serious condition where people get repeated seizures. But it's rare for healthy children who have had a febrile seizure to go on to have epilepsy. It happens to less than 1 in 100 children.