

SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA

Azienda Unità Sanitaria Locale di Reggio Emilia

IRCCS Istituto in tecnologie avanzate e modelli assistenziali in oncologia

- Do not perform manoeuvres that attempt to keep the child still, and do not open his/her mouth.
- Never try to wake him/her up or give him/her anything to drink.
- **If your child has already had an episode of febrile seizure** and is having a new one of the duration of 5 or more minutes, give him/her a micro-enema containing diazepam (*Micropam*) in the same way as a normal enema for laxative effect.
- Squeeze your child's buttocks together for 20-30 seconds to make sure the contents of the enema do not leak out.
- **If the attack does not subside within 30 - 60 seconds after Micropam is given, call 118.**



## Remember that

- Medication that lowers fever will not prevent a febrile seizure.
- If a child who has had febrile seizures has a fever, he/she should be treated like any other child by giving him/her acetaminophen or ibuprofen according to the paediatrician's instructions.
- In any event, a child who has had a febrile seizure is a healthy child, but his/her nervous system is particularly excitable when he/she has a fever.
- It is a good idea to report all febrile seizures to your paediatrician when they occur.

## Febrile seizure (fever fit)

*Informative pamphlet written and shared by primary care paediatricians and hospital-based paediatricians of the healthcare authority Azienda USL - IRCCS of Reggio Emilia*



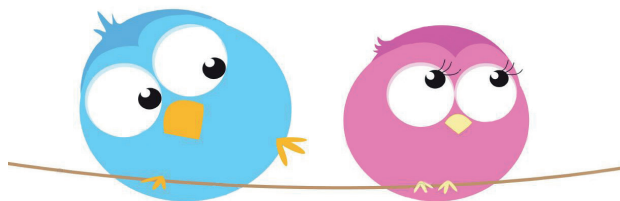
## Introduction

A febrile seizure is an expression of excessive agitation of the nervous system. It is caused by an increase in body temperature (*high fever*).

It usually occurs at the beginning of an infectious disease with fever (*during the first 24-36 hours*). It is generally seen in children from 6 months to 5-6 years of age.

Although this seizure may be very unsettling, it normally lasts only a short time (*from a score of seconds to several minutes*) and does not cause brain damage except in very rare cases.

Children who have had an episode of febrile seizure may have others. This type of seizure often runs in families (*for example, a brother or parent may have had them*). However, having a febrile seizure does not mean having epilepsy.



## What are the symptoms?

- Sudden loss of consciousness (*the child does not answer when talked to*).
- Staring or rolling the eyes upwards or to the side.
- Difficult and/or noisy breathing.
- The child may be motionless, stiff and have clenched teeth; or, he/she may be limp with relaxed muscles.
- Rhythmic movements such as shaking/trembling may occur in the legs and arms.
- The area around the mouth may be pale and/or have a bluish tinge (*cyanotic*).
- Frothy saliva (*foam*) may run out of the mouth and may contain spots of blood, if the child bites his/her tongue.
- A loss of bowel and/or bladder control may occur
- An attack usually only lasts a few minutes and ends with the child waking up, but unable to remember anything about the episode.
- After the seizure, the child is always sleepy (he/she wants and needs to sleep).

## What to do

- Don't panic
- Note the time when the seizure begins and watch how it develops, so you can inform health care providers later on
- If this is the first episode, **call 118 (medical emergency number) and follow the operator's instructions.**
- Do not bring the child to hospital in your own vehicle.
- Remove any blankets and tight clothes (collar and belt) to give the child more freedom to move.
- Remove any object that could harm him/her during the attack.
- Ensure the child's safety; that is, **lay him/her on his/her side** to prevent him/her inhaling saliva or vomit.

