


Emergency and Urgent Care for Children - A Survival Guide

Midlands Critical Care & Trauma Networks 



West Midlands Ambulance Service 
NHS Foundation Trust



UNIVERSITY OF
BIRMINGHAM

WEEK 2

Seizures - Parent Information Leaflet

Seizures (fits) in children are a terrifying but relatively common medical emergency in children. They can often come out of the blue, and may never have happened before. This parent information leaflet is here to give you a bit more information on what causes these fits and how you can manage them.

Firstly it is important to know what these fits are all about. A seizure or a fit is abnormal brain activity, which affects how a person behaves or acts during the time that the abnormal activity is happening. Our brain controls the way we think, move and feel, by passing electrical messages from one brain cell to another. If these messages are disrupted, or too many messages are sent at once, this causes a seizure.

Children have fits for a multitude of reasons and it is important to note that having one fit does not automatically give you a diagnosis of epilepsy. In children the biggest distinguishing factor as to how fits are investigated depends on whether your child has a high temperature at the time of the fitting.

“Febrile convulsions/seizure” are the commonest reason for children to have a fit. They generally occur in younger children between the age of 6 months to 6 years. They are commonly short fits, which last less than 5 minutes (although we all understand this can feel like a life time for a parent!) and stop without any medication. They are harmless and children make a complete recovery afterwards.

These tend to happen near the beginning of an illness, and typically come on very suddenly in children that had been running around well earlier in the day. It is thought that children of this age are unable to deal with the sudden initial change in temperatures when they become ill. Most children are likely only to ever have one febrile convulsion in their life. About a third of children who have had a febrile seizure will have another one during a subsequent infection. This often happens within a year of the first one.

Parents commonly worry that having febrile seizures will mean that their child will develop epilepsy (repeated seizures without fever). It is important to note

that this risk is small. Children who have simple febrile seizures have a 1 in 50 chance of developing epilepsy in the future, where as children who have never had febrile seizures have a 1 in 100 chance of developing epilepsy.

An “**afebrile seizure**” is when a child has a fit without a temperature. It is not always clear as to what has caused a seizure. Seizures can occur in as many as 1 out of 100 children and many will not experience a further seizure. It is important to note that epilepsy is not the only cause of children having a seizure without a temperature, including low blood sugars or head injuries. Children diagnosed with epilepsy do not always continue having lifelong seizures. 75% of children either grow out of their epilepsy or are well-controlled by medication.

Sometimes it is difficult to tell what is happening to your child when they are having a seizure. It is even more difficult to describe when medical professionals ask you about what happened. Parents can consider (if it safe to do so – it is not necessary) filming the event on mobile phones

What should you do if your child is having a seizure?

1. **Stay calm.** - The most important thing to do is keep calm (easier said than done).
2. **Look around** – it is important to assess whether they are in a dangerous place, and whether they need to be moved. If they are not in any danger, then don't move them. Objects around them that can cause harm, such as furniture may need to be moved.
3. **Note the time** the seizure starts – this is important as although it may seem to be going on “forever” the treatment plan and what to do next depends on the timing of the seizure.
4. **Stay with them.**
5. **Cushion their head** with something soft if they have collapsed to the ground.
6. **Don't hold them down.**
7. **Don't put anything in their mouth.**
8. **Check the time again.** If a seizure doesn't stop after 5 minutes, call for an ambulance.
9. **After the seizure has stopped**, and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped or they start having another seizure, call for an ambulance.