Hôpital de Montréal pour enfants
Centre universitaire de santé McGill

Montreal Children's Hospital
McGill University Health Centre

Febrile seizures

Febrile seizures are shaking fits. They typically occur in children between the ages of six months and five years, and happen most frequently between eighteen months and two years of age. Febrile seizures are triggered by high fever, which is an indication that your child has an infection.

Two categories of febrile seizures

1. Simple (typical)

- Shaking begins in both arms and legs at the same time
- Seizure is short (less than 15 minutes)
- The child does not have any previous neurological problems

2. Complex (atypical)—at least one of the following

- Shaking begins in one limb before spreading to other limbs
- Seizure lasts longer than 15 minutes
- Seizure happens again more than once in 24 hours
- The child has a previous neurological problem

A febrile seizure is fairly common (occurring in 3 to 5% of all children) and is almost always not harmful to the child.

What to do if your child is having a febrile seizure

Try to stay calm

Do not try to stop
your child from shaking

In order to prevent injury:

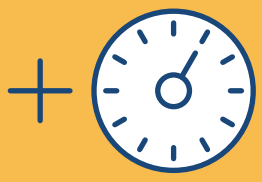
Place your child gently on a safe surface (for example, the floor)

Remove any sharp or heavy objects from the area

In order to prevent choking:

Place your child on their side

Never put anything in your child's mouth



If your child's shaking lasts **longer than five minutes:** Call 9-1-1 and seek emergency medical care

If shaking lasts **less than five minutes:** Contact your child's physician or nearest medical facility after the seizure has stopped

How to care for your child after a febrile seizure

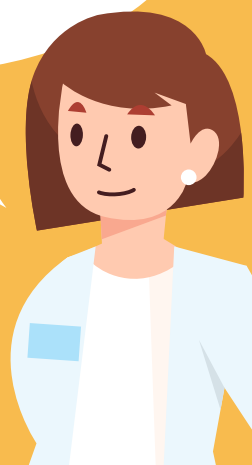
Make sure your child is comfortable

Make sure your child has enough to drink

Treat the fever!

Message of reassurance

A febrile seizure can be a very traumatic event to see, especially for parents. Parents often worry that the seizure will cause brain damage, long-term intellectual or behavioural deficits, or even death. It is normal to think this way, but all these outcomes are highly unlikely.



Diagnosis

The first step is to determine the cause of your child's fever

The physician will examine your child for possible sources of infection (for example, respiratory or ear infection).

- If an infection is found during examination, no further investigation is needed.
- If no source of infection is found, the physician may request additional tests to determine the reason for the fever.

Treatment

There is usually no medical reason to treat febrile seizures. Febrile seizures are brought on by your child's fever and typically are short in duration and do not cause any harm to the child.

- The use of daily medications to prevent reoccurrence of a febrile seizure is generally not recommended.
- The use of medications to treat the fever can help make your child more comfortable but does not necessarily prevent the occurrence of a febrile seizure.

If your child has had at least two febrile seizures and is less than 18 months of age or has complex/atypical seizures, then specific medications may be prescribed (and taken when your child has a fever).

Febrile seizures and epilepsy: is there a connection?

It is important to know that febrile seizures are not the same as epilepsy and are not a sign that your child has a neurological condition.

Almost all children (98%) who have had a febrile seizure do not develop epilepsy.

The risk of developing epilepsy increases if the febrile seizure is complex (atypical), as described previously.

What is the risk of having another febrile seizure?

Approximately one in three children who have a febrile seizure will experience at least one more seizure.

The chance of having a febrile seizure again is associated with:

- Family history of febrile seizures
- Having a first febrile seizure before the age of 18 months
- Having a seizure very soon after the onset of fever (within one hour)
- Moderate fever at the time of the seizure (between 39 to 40 degrees celsius)

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07 2025