CPNI
Cyprus Paediatric Neurology Institute
Παιδονευρολογικό Ινστιτούτο Κύπρου

LEAFLET FOR PARENTS AND PATIENTS

Febrile seizures (febrile convulsions)

Febrile seizures, also called febrile convulsions, are seizures that happen in young children with a fever, usually during an infection. Although frightening to watch, they are common, affecting about 1 in 30 children, usually between 6 months and 5 years of age. Most are brief, stop on their own and cause no lasting harm.

What happens?

- Your child may become stiff, and their arms and legs may jerk
- They may not respond, and their eyes may roll back
- They may become pale or briefly blue around the lips
- Most febrile seizures last less than 5 minutes
- Afterwards your child may be sleepy or confused, sometimes for up to an hour

Simple and complex febrile seizures

Most febrile seizures are simple: they affect the whole body, last less than 15 minutes and happen only once within 24 hours. A febrile seizure is called complex if it lasts 15 minutes or longer, affects only one part or one side of the body, or happens more than once within 24 hours. Complex febrile seizures may need further assessment and tests.

What to do during a febrile seizure

- Stay calm and note the time the seizure starts
- Place your child on a safe, flat surface, away from anything hard or sharp
- Gently turn your child onto their side when it is safe to do so
- Do not hold them down or put anything in their mouth
- Do not give food, drinks or medicines by mouth during the seizure
- Do not try to cool them with cold water or a fan during the seizure
- Stay with your child until they recover, then let them rest

If the seizure lasts 5 minutes or longer, call 112 straight away.

If your child has been prescribed emergency seizure medication, such as rectal diazepam (usually 5 mg in young children), give it at the dose and time your doctor has advised, usually if the seizure lasts 5 minutes.

Will it happen again?

About 1 in 3 children who have a febrile seizure will have another during a later illness. The chance is higher if the first seizure happened at a young age, particularly before 18 months, or if febrile seizures run in the family. Most children grow out of febrile seizures by around 5 to 6 years of age.

Fever and medicines

- Paracetamol or ibuprofen can make your child more comfortable when they have a fever
- These medicines do not reliably prevent febrile seizures, so do not give extra doses or wake your child to give them
- Dress your child in light, comfortable clothing and offer plenty of drinks

Is it epilepsy?

No. Febrile seizures are not the same as epilepsy, and most children who have them never develop epilepsy. The risk of epilepsy is only slightly higher than in other children, especially after simple febrile seizures. However, fever can also trigger seizures in children who have epilepsy, which is a different condition. An EEG or brain scan is not usually needed after a simple febrile seizure in an otherwise healthy child.

When to call 112

Call 112 for an ambulance if:

- The seizure lasts 5 minutes or longer
- Your child has trouble breathing, or does not start to wake up and respond within an hour
- They have a stiff neck, a rash that does not fade when pressed, or seem seriously unwell
- A long seizure affects only one side of the body
- Another seizure starts before your child has fully recovered

If this is your child's first seizure, they should always be seen urgently by a doctor, even if the seizure stops on its own and they seem to recover. If another seizure happens during the same illness, seek urgent medical advice.

Seizure record

Recording each seizure (the date, how long it lasted, what happened and how your child recovered) is very helpful. A short video on your phone, if it is safe and does not delay first aid, can also help your child's doctor.

Date and time	What happened	How long	Rescue medicine given?	Recovery

Contact CPNI

If you have questions or would like an appointment, please call our office on +357 22 476 627 or email cpni2007@gmail.com.

More leaflets and information: www.cpni.com.cy

This leaflet gives general information. It does not replace advice from your child's doctor.

Reviewed by Dr Paola Nicolaides, Consultant Paediatric Neurologist, November 2026.

© Cyprus Paediatric Neurology Institute