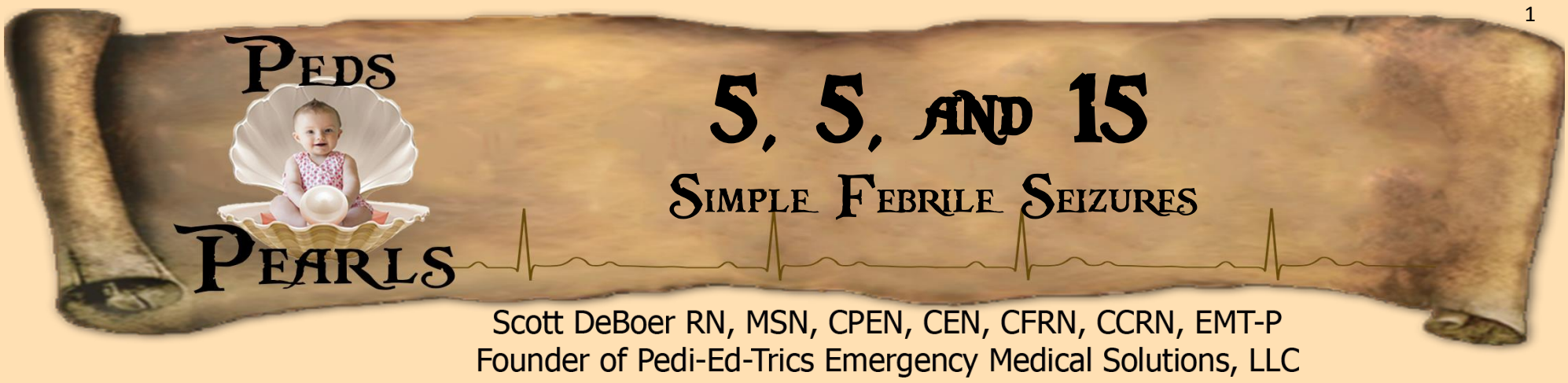


5, 5, and 15

Simple Febrile Seizures

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Parents, especially new, first time parents, go through lots of scary events. For many, one of the scariest is when their little one has a fever. And even scarier than a fever, is when a seizure piggy backs on that fever. That's what we, in the medical field, call a febrile seizure. Quite simply, it is when a child has a seizure brought on by a fever.

For most of us, seasoned medical professionals that we are, a febrile seizure does not evoke the same frightened concern that a new parent might experience. Our cool, calm, and collected approach to these patients and parents should be the result of our differentiating the febrile seizure from any other, more serious type of seizure activity in children.

So, when it comes to recognizing the pediatric febrile seizure, just remember three things. And the key to jog your memory is **5, 5, & 15**! (Notice how "febrile seizure" starts with "f" and our memory key is three words that start with "f"s!)



(F)ive- The little one is under the age of **5**. Febrile seizures are especially common in toddlers when a fever, added to the normal brain development, causes chaos! (The caveat here is the knowledge that infants under the age of six-months are the exception to this recognition rule. Seizures in kids younger than 6-months-old tend to be something other than febrile in nature.)

(F)ive- The kids with febrile seizures typically have temperatures in the 102-10**5**°F (38.9-40.5°C) range. It's not necessarily the highest point of the fever, but in many cases, is a result of how fast the fever rises.

(F)ifteen- The seizure lasts for less than **15** minutes. Seizures lasting longer than 15 minutes are probably something besides a **simple** febrile seizure.



So, as healthcare providers, what we need to remember about this most common type of pediatric seizure is **5, 5, & 15**. But what about parents? We need to treat them, as well as their children. They need to have two basic questions addressed prior to leaving the ER, because we know that the parents are worried about these things.

Question #1 - ***Does the fact that the child had a simple febrile seizure mean that s/he has or is going to develop epilepsy?*** Absolutely not. One has little to nothing to do with the other. Having a febrile seizure DOES NOT mean the child will develop epilepsy. The vast majority of kids experiencing a febrile seizure (upwards of 95%) do not have any further complications from the seizure.

Question #2 ***Will it happen again?*** Very possibly. Up to 1/3 of kids who have a febrile seizure will have another one (or two) before they outgrow them… and there's typically nothing we can do to prevent them. Anticonvulsants (phenobarbital, etc.) or prophylactic fever prevention with Tylenol (acetaminophen) or Motrin (ibuprofen) have **not** been shown to have an effect on the likelihood of having another febrile seizure.

If the child has a second febrile seizure, the child should certainly be brought in for evaluation. But it is important to remember that the second (or subsequent) febrile seizure is not an unexpected occurrence. The parents are still going to be concerned and this is certainly understandable. But a little preparation really does go a long way. So, before the kid goes home after a first simple febrile seizure, make sure to address those two crucial questions with the caregivers. Healthcare professionals… we just need to remember **5, 5, and 15**!



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