

# Fever and febrile convulsions

## Description

A fever is the body's normal response to an illness, usually a viral or bacterial infection. Fever can also be a symptom of a variety of other conditions such as dehydration and some childhood immunisations. Fever may help the body to fight infections by reducing virus reproduction.

A normal temperature for a child is 36 – 37°C. Temperatures over 38°C are usually regarded as a fever. It is normal for a range of factors including physical activity, strong emotions, high humidity levels and high room temperature to make a child feel hot. In these circumstances a child's temperature will soon return to normal. If it does not return to normal or there is no apparent reason for the child to feel hot this may indicate that the child has a fever.

A child who is unwell with a fever may display other symptoms or may have a change in behaviour. Children with a high temperature will often have several, or all of the following symptoms:

- Clammy skin.
- Sweating.
- Headache.
- Irritability and crying.
- Flushed appearance.
- Tiredness.
- Aches and pains.

## Exclusion period

As a guideline a child should not attend the centre if:

- They have an illness that prevents them from participating comfortably in programme activities.
- The illness results in a greater care need than the centre can reasonably provide without compromising the health and safety of the other children.

## Responsibilities of staff

- Do not administer Pamol for fevers. Refer to the Pamol guidelines on the following page.
- Enquire about the child's health and wellbeing when they arrive at the centre: did the child sleep well, have they eaten well, are they teething, are there any concerns or anything for teachers to be aware of?
- Be aware of changes in a child's behaviour: a lively child who suddenly seems listless, or a child who may require one-on-one attention and who is unable to take part in the programme.
- Be aware of children whose sleeps differ from their normal patterns: sleeping much longer, unable to sleep, restless sleep.
- Make sure there is adequate air flow through the centre, particularly in the sleep room.
- You can help parents by keeping a written record of your observations of their child which can be shared with their family doctor, i.e. behaviour, food and fluid intake, temperature recordings.

## Responsibilities of parents

- Keep your child home if they have a temperature or have an illness that prevents them from participating comfortably in programme activities.

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## Treatment

A fever can be reduced without medication. If a child has a fever:

- Remove extra clothing. Wearing just a nappy or a light outer layer of clothing is fine.
- If a child begins to shiver put on a layer of clothing. Shivering is an attempt by the body to raise the temperature.
- Encourage the child to drink cool fluids to avoid dehydration.
- Encourage the child to rest, as activity can increase the body temperature.
- Keep the child at a comfortable temperature.
- **Bathing a child is not recommended.**

## Pamol/Paracetamol use in Early Childhood Centres as specified by the Ministry of Education

- Centres should **only** keep Pamol/Paracetamol on the premises if it is **prescribed** for a specific condition.
- Teachers **should** use other methods to manage fever rather than using medication.
- Teachers can administer Pamol/Paracetamol **only** when a parent has signed the medicine book to authorise its use.
- A parent may authorise Pamol/Paracetamol use, but they must provide this on the specified day and it must **only** be used for the named child for a specified period of time.
- Any medication, including Bonjela or herbal teething powder, must be signed for by parents in the medicine book **prior** to administering.

Note: ½ hr – 1 hr after the administration of Paracetamol there may only be a small reduction in temperature perhaps as little as 0.2°C.

## Febrile convulsions

- Febrile convulsions are fits (seizures), which occur as the result of a fever. These occur in three percent of children usually between the ages of six months and six years. Very few children have more than three febrile convulsions. Most febrile convulsions only last a minute or two. If a convulsion continues for more than five minutes you should call for an ambulance.
- Febrile convulsions can be frightening for the person who is witnessing the seizure because they may resemble an epileptic fit. Febrile convulsions are only caused by fever, whereas epileptic fits can be instigated by other factors. There is no evidence to suggest that a simple febrile convulsion will cause any lasting damage. Febrile convulsions do not cause epilepsy.
- Sometimes a febrile convulsion may be the first sign that the child has a fever. It is important therefore, for parents to find out what illness is causing the fever as soon as possible after the febrile convulsion. It is the role of the doctor to decide on the nature of the illness.