

Paediatrics

First seizure without a temperature in a child or young person

You have been given this leaflet because your child has had a seizure without a temperature.

Seeing a child or young person having a seizure can be frightening. However, most seizures are not as serious as they look. Seizures, and how your child recovers after them, can vary from one child to another.

Epileptic seizures

Seizures can be epileptic or non-epileptic. An epileptic seizure is a disturbance of electrical activity in the brain that causes messages to become mixed up.

There are different types of epileptic seizures. These are sometimes called “fits” or “convulsions.” Some seizures involve episodes of altered behaviour and/or unusual movements. There may be facial twitching, eyes may turn to one side, or eyes may appear to stare blankly. Other seizures may cause your child to fall, become unconscious (unable to respond) and there may be jerking of the limbs. Seizures can range from appearing quite subtle to much stronger movements.

Sometimes children can have events that look very similar to an epileptic seizure, but they are not. Non-epileptic seizures do not involve any abnormal brain activity. These can include faints, tics, daydreams, sleep disorders and breath-holding attacks.



Does your child have epilepsy?

A single seizure does not mean your child has epilepsy. This may be the only seizure that your child ever has, 1 in 20 people may have a single seizure at some time in their life.

There may be no clear reason why your child has had a seizure. But, if your child has more seizures, they may need further investigations to confirm a diagnosis of epilepsy.

What to do if your child has a convulsive seizure

Convulsive seizure is where your child is stiff or shaking. The information provided is to help keep your child safe.

What to do

- Make sure the area around your child is safe and protect them from injury. Remove harmful objects from nearby. Place a cushion under their head if possible whilst reassuring your child.
- Try to make a note of the time the seizure started and time how long the seizure lasts.
- Turn your child onto their side as soon as you can. This can help with their breathing. It can also help if they are sick (vomiting) or have other fluids in their mouth. Some noisy breathing and slight colour change are common.
- If possible, try to video the seizure on a mobile phone. This can provide useful information for your child's doctor or nurse. (See page 5 of this leaflet for advice on how to take a video).
- Stay with your child until they are fully recovered.

When to call an ambulance

- If the seizure continues for more than 5 minutes.
- You know it is the child or young person's first seizure.
- One seizure follows another without your child regaining consciousness between seizures.
- Your child is injured, or you are concerned about their breathing.
- You believe your child needs urgent medical attention.

Patient Information

What not to do

- Do not move your child unless they are in danger.
- Do not restrain or restrict your child's movements.
- Do not put anything in their mouth.
- Do not give your child anything to eat or drink until they have fully recovered.

What to do if your child has a non-convulsive seizure

Examples of non-convulsive seizures may appear as staring or your child may become confused or floppy.

When your child has a seizure

- Make sure the area around your child is safe and protect them from injury. Remove harmful objects from nearby. Encourage them to sit or lie down if possible and reassure your child.
- Try to make a note of the time the seizure started and time how long the seizure lasts.
- Try to video the seizure on a mobile phone. This can provide useful information for your child's doctor or nurse. (See page 5 of this leaflet for advice on how to take a video).
- Stay with your child until they are fully recovered.

Your child may be confused, drowsy or fall asleep after a seizure. Reassure them and let them rest or sleep if they are drowsy. Watch them closely until they are fully recovered. If you have not called an ambulance as the seizure was short, please inform your GP (general practitioner).

Do you need to tell anyone else?

It's important to tell anyone who will be caring for your child about their seizure. This may be the childminder, teacher, out of school activity leaders and other members of your family. This is so that they know what to do if another seizure happens.

Your child's safety after a seizure

It is important to let your child go back to nursery or school and enjoy their usual hobbies and activities when they are ready.

Patient Information

As your child has had a seizure, it is important to take extra care with some activities until your child has had their clinic appointment.

- **Bathing:** Taking a shower is safer unless your child is always supervised in a bath by a responsible person.
- **Climbing:** Your child should not climb anything taller than their own height unless they are wearing a harness and are supervised.
- **Cycling:** Your child can still ride a bicycle or scooter, but they should wear a helmet. You should consider whether they are allowed to ride on roads or need to be supervised.
- **Swimming:** Your child can still go swimming and do water sports if they are always supervised by a responsible person or lifeguard.
- **Cooking:** Be aware of potential dangers and minimize risk.
- **Driving:** Older teenagers who hold a driving license have a legal responsibility to stop driving and tell the Driver and Vehicle Licensing Agency (DVLA or DVA in Northern Ireland) that they have had a seizure. For advice visit www.gov.uk/epilepsy-and-driving
- **First aid:** If your child has a seizure, follow the safety information on page 2 and 3 of this leaflet. Further information can be obtained from the St Johns ambulance website, search for “seizures in children.”

How can you know if your child has a seizure at night?

You may hear movement or some unusual noise if your child has a seizure. Some families leave bedroom doors open to help hear if this happens. A baby monitor can also be used.

Can your child use a computer?

Your child can use a computer, although it is recommended not to use it for long periods of time. Your child should take regular breaks and the computer should be used in a well-lit room. Turning off electrical devices/social media before bedtime is recommended as part of a healthy bedtime routine. Try and keep at least 2.5 meters away from large TV screens. Should your child avoid flashing lights? Photosensitive epilepsy is when seizures are triggered by certain rates of flashing lights or contrasting light and dark patterns. Photosensitive epilepsy is rare, seen in up to 1 in 20 children. This can be investigated if your child has further seizures once a diagnosis of epilepsy is made.

Patient Information

If there is concern that flashing lights may trigger another seizure, your child can:

- Turn away from the triggering lights
- Cover one eye with their hand
- Do not close their eyes as this can cause a flicker effect

How to take a video

Only take a video if you feel safe doing so. Videos can be helpful, but your child's safety is the priority. Asking a second person who is with you to take a video may be easier.

Taking a video can help confirm the type of seizure. This then helps us to decide which tests and treatment are needed. Try to record the whole of your child in the video, this includes the face. Turn the lights on, remove any blankets and show how they respond to you.

If you are unable to take a video, a written description of the seizure is helpful. Keep a written record of the time, length, and description of the seizure. It is helpful to know what happened before, during and after.

The table on the next page can be used to help you make notes.

Patient Information

Stage	Information to note	Notes
	Date: Time:	
Before seizure	<ul style="list-style-type: none"> • What was your child doing? • Did your child mention any unusual sensations, such as odd smell, funny feeling, or taste? • Did you notice anything happen before the seizure, was your child upset? • Has your child had a recent fever or been unwell? • Were there any triggers? 	
During seizure	<ul style="list-style-type: none"> • Was there staring, lip smacking, head turning or eye rolling? Were their eyes open or closed? • Was there any colour change? Did your child become pale, flushed, or blue? • Did any parts of your child's body stiffen, jerk or twitch? Did they drop anything? • Which side was affected, left or right or both? • Did the seizure change pattern, such as starting in one area and then spreading to other areas? • Did your child make any sounds? • Were they responsive or confused? • Did they wet or soil themselves? • How long did the seizure last? 	
After seizure	<ul style="list-style-type: none"> • Did your child look drowsy? Did they go to sleep? (if so, for how long) • How long did it take your child to return to their usual self? • Was any part/side of the body slower to return to normal than the rest? How long did it take? 	

What happens next?

There does not need to be any specific changes made to your child's lifestyle. We recommend a healthy lifestyle. This includes eating regular healthy meals, staying well hydrated, making sure your child gets plenty of sleep and try to reduce factors that cause stress.

Further tests may be needed depending on what type of seizure your child has had. Your child may need blood tests. An ECG (electrocardiograph) will have already been carried out. An EEG (electroencephalogram) or an MRI (magnetic resonance imaging) may be needed but this will be explained to you by your doctor.

A follow-up appointment letter will be sent to you for a doctor to see your child in the outpatient department. If your child has more seizures that do not require an ambulance before your appointment, please contact the paediatric secretaries. The secretaries can be contacted via switchboard on 02476 964000. Your local GP can also be contacted with any further concerns. Please call 999 in an emergency.

Useful resources

- Epilepsy Action www.epilepsy.org.uk
- Epilepsy Society www.epilepsysociety.org.uk
- Young Epilepsy www.youngepilepsy.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 02476967233 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:
www.uhcw.nhs.uk/feedback



Document History

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