

Fevers / Seizures / Concussions - how to rescue?

This bulletin features 2 medical situations that may cause seizures. Fevers happen to children and the severity often confuses parents/ caregivers. Here's some facts to help prevent the situation from getting worse or leading to a seizure. Prevent head injuries by: using child car seats properly, safe furniture use (cribs, high chairs, etc.) using helmets, safe playing + road crossing.

Fevers in children

What is it? Body temperature > 37.2 °C (armpit), > 37.5 °C (oral/ pacifier) or > 38 °C (rectal/ ear) to help fight an infection.

Signs in a child: Child may talk less, be less active, eat/ drink less, more fussy + feel warm.

What do you do? Cool child gently with cool cloths on their forehead, wrists and/ or groin (only if it promotes comfort and not shivering); dress child in light clothing or thin blankets; provide fluids. Give medications only if child is over 3 months and as directed by a medical professional. Usually, it's safe to give Children's Tylenol, Temptra, Advil or Motrin. It's unnecessary to wake a sleeping child to give meds. NEVER GIVE A CHILD ASA (ASPIRIN). *never use a mercury-filled thermometer*

Call doctor child is < 3 mos old, fever lasts > 2 days, child's not drinking, you're worried, or a seizure happens.



Concussions/ Head injury

What is it? When an external blow/ hit causes the skull and brain to 'shake' and creates a 'brain bruise'. This affects functions in the brain, depending where injuries are.

How does it look + feel (all may not be present and may appear hours after the injury)?

Physical: Headaches, fatigue and low energy, sleep disturbances, nausea, vision changes, ringing in the ears, dizziness, balance problems, sensitivity to light or noise, and seizure.

Behavioural: Irritability, increased emotions, anxiety, clinginess, and personality changes.

Intellectual: Slowed thinking, mental fogging, poor concentration, distractibility, difficulties with learning and memory, disorganization, or problem-solving difficulties

What do you do? If seizure starts, see below. After... **Conscious:** allow person to initiate movement (including children) because their function or lack of may possibly gauge the severity of their injury (even if there's function, get medical attention).

Unconscious: check breathing as you find the person. Call EMS/ 911. If not breathing, you're trained and confident, roll person gently on back (if needed) and start CPR.

Caution: You CAN NOT rule out a head injury - you need to call 911/ EMS (unless you are an ER doctor!)

Febril Seizures

What is it? Shaking episodes due to a high fever. Affects ~5% of children usually from 6 mos-3 years.

Especially when combined, these increase child's febril seizure risk: brain development, fever and genetic predisposition to seizures.

What do you do? During Seizure - see box below. Do not give meds or put in bath. Afterwards, see a doctor!

NOTE: Sometimes the seizure happens, without fever symptoms. Brief seizures are not known to cause brain damage. <5% will develop epilepsy.

Seizures - how to handle them

What do you do? Let the seizure play its course, until it's over. However, protect the person's head from hitting the floor/ hard object and prevent further injury by removing furniture, sharp/ hard objects, people nearby, etc. Do NOT hold the person down or put anything in the mouth. Make note of length of seizure.

After... Once the seizure is over, the person may vomit, and then only turn the person in recovery position. Call EMS/ 911. If unconscious, clean the mouth and check for breathing. Start CPR if needed.



first aid/ wellness scenario #10

Answers next bulletin

1. Who do you call after you rescued your choking child?
2. What are your options if your dr's office is closed?

Answers to last 2HEALTH Bulletin's scenario #9:

What are signs that a child is choking (not just coughing)?

> Clutching neck, bulging eyes, high-pitches sounds, difficulty or absence of breathing, red, pale or bluish skin, panicky look

How do you help this child? > If small child, hold jaw+ turn child face down in your arm. Perform 5 firm upper back blows while face-down and head lower than body. If needed, give chest thrusts with head down. Big child - give abdominal thrusts. Or tongue-jaw lift + finger sweep helps too!

What do you NOT do? > Hit on back while child is sitting/ standing. Raising their arms or telling them to look up are myths.

This bulletin is a summary on how to recognize a fever, concussion and seizure. First Aid treatments are provided as a guideline. Please consult a medical profession and be prepared with First Aid training.

SOURCE: AboutKidsHealth.ca

(trusted answers from The Hospital for Sick Children)

NEXT BULLETIN

Love your heart ❤️ Prevent heart attacks + angina

www.2health.com

416-873-8606

firstaid@2health.com

Building confidence in YOU to prevent, prepare for emergencies + be able to rescue in 60 seconds.

2HEALTH First Aid + CPR training is Red Cross certified

~ creating confident rescuers + safer homes since 1992 ~