

小兒熱性痙攣

Pediatric Febrile Convulsion

◎何謂熱性痙攣？

What is febrile convulsion?

熱性痙攣顧名思義是發燒時合併出現抽搐，80%多發生於開始發燒 24 小時以內，50% 發作時間 5 分鐘以內。

Febrile convulsion name contained the meaning of fever combined with convulsions, 80% occurred within 24 hours of the beginning of fever, 50% ill attack is within 5 minutes.

◎熱性痙攣好發時期：

Febrile convulsion likely to happen period:

因為幼兒在成長的過程中，腦神經的功能仍然不是很穩定，造成發燒時，因為體溫的急遽升高，而引發抽搐的現象。熱性痙攣一般發生在六個月到五歲的孩童時期，高峰期約在一歲半左右。而且大部份都在一年內復發。當小孩成長到五、六歲以上時，腦部功能逐漸穩定，熱性痙攣大部份會消失。熱性痙攣家族遺傳性很大，若父母當中有人小時候曾有熱性痙攣病，小孩的罹患率將增加為三至四倍。

Because the children are in the growth process, the function of the brain is still not very stable, resulting in fever, because the rapid increase in body temperature cause convulsions. Febrile convulsion usually occur to the six months till five years old infants, the peak period happens to one and half years old and mostly recur within a year. When the child grows to five & over six years old, the brain function gradually stabilized, febrile convulsion will mostly disappear. Febrile convulsion hereditary to the descendant is very high, If one of the parents has ever got febrile convulsion in their childhood, the child's incidence rate will increase three to four times.

◎熱性痙攣症狀：

Symptoms of Febrile Convulsion:

常見意識喪失、全身性四肢抽筋僵硬、眼球上吊或眼球轉動、口吐白沫、嘴唇發黑、牙關緊閉、舌頭被咬出血，有時也會發出類似豬羊的叫聲，在痙攣持續幾分鐘後可能會陷入熟睡，一段時間後才漸漸醒過來，且病人對先前發生的事大多毫無記憶。大多數的預後良好沒有後遺症。

Commonly found is loss of consciousness, whole body hands and feet cramps and stiff, eyeballs hanging or spin, white foaming at the mouth, lips turn into black, teeth closed tightly, tongue bite till bleeding, and sometimes issue a similar calling sound of pig and sheep. Later convulsion happens continued for few minutes then maybe fall into sleep, After period of time will gradually wake up, and the patient will have no memory of the previous events. Mostly of good prognosis will have no sequelae.

◎抽筋 V.S 發抖之辨別：孩童發高燒時會手腳冰冷、四肢發抖，常讓父母誤以為是痙攣，下列二種方法能簡單區別：

The identification of cramps V.S tremble: children have high fever when the hands and feet cold, hands and feet trembling, mostly parents mistakenly think of it as convulsion. The following two methods for simply differ them:

1. 孩童發高燒發抖時不會意識昏迷，而熱性痙攣通常會意識昏迷。

Children with high fever and trembling will not loss of consciousness, and febrile convulsions usually will loss of consciousness.

2. 父母握緊孩童的手，通常發高燒發抖的手會停，而熱性痙攣仍會抽動不停。

2. Parents hold the child's hand tightly, usually high fever trembling hand will stop, and febrile convulsions will not stop spasms

◎熱性痙攣發作時的處理：

◎ Treatment when Febrile Convulsion seizure:

1. 此時最重要的是維持呼吸道通暢，可讓孩童側躺，頭部同時側置，頭下墊個軟物，把口內的東西挖出，防嘔吐物吸入或噎到，造成呼吸道阻塞。

At this time the most important thing is to maintain respiratory tract unobstructed. May allow children lie down on one side, at the same time also put the head on the same side, below the head placed a soft object as a pad, take out all things inside the mouth, avoid vomit inhale enter body or choke, it will cause respiratory obstruction.

2. 鬆開衣物避免束縛感，清除現場的危險物品，以免孩童碰撞受傷。

Loosen clothes to avoid a sense of restraint, clear the scene out of dangerous stuff to avoid child get hit injury

3. 正在抽搐時嘴巴與牙齒通常會咬得很緊，這時勿拿任何物品強塞入孩童嘴裡，這樣反而會讓其受傷，使得受傷的機會反而大於舌頭自行咬傷的機會。

On convulsion time the mouth and teeth are usually bitten very tightly, At this time do not forcefully put any item into the child's mouth. It will only cause injury, making the chance of injury caused by it greater than the injury of self biting tongue.

4. 除非病人的嘴巴沒有咬住，可以很輕易地張開，這時可以放壓舌板，或不會鬆脫的硬物纏手帕後，放置於上下牙齒間，以防咬到舌頭。

Unless the patient's mouth does not closed tightly, can be easily opened, at this time you can release tongue depressor, or using hard objects wrapped around the handkerchief then placed between the upper and lower teeth in order to prevent tongue being bitten .

5. 保持冷靜，留在孩子身邊保護，使其不受意外傷害。不可移動或強加約束病人，你無法以此讓痙攣停止。

Keep calm, stay around the child to protect them from accidental injury. Do not allow to move or strengthen patient constraint band, with this you cannot let the convulsion stop.

6. 觀察及記錄抽搐情形及次數，提供醫師，以作為診斷及調整藥量的參考。

Observe and record convulsions situations and number of times happening then provide it to physicians as a reference for the diagnosis and adjustment of the medicine dose

7. 發作停止後，讓病人側身靜躺，使口水流出。在病人尚未完全清醒前，勿給予任何飲料或食物。

After sick attack stop, let the patient lie sideways in order to let saliva outflow. Do not give any drink or food until the patient completely awake.

◎居家照顧事項 Home care matters :

熱性痙攣發作時可先量病童體溫，若有發燒應先給以肛門塞劑，接著給予下列措施：避免病童受傷、勿強壓病童、守著病童且不可強塞任何東西進入病童嘴巴或有任何強迫撬開病童口腔的動作；協助病童側躺改善呼吸，發作時或剛發作完畢都不可讓病童吞食任何流質，因這可能使病童哽住或噎到。儘快送醫，做進一步檢查及治療。

When febrile convulsion's sick attack happens then you can check sick child body temperature first, If get fever should be given anal suppository first and then do the following action: to avoid sick child get injuries, do not push the sick child forcefully, When taking care of the sick child cannot force to put

any stuff into the sick child's mouth or forcefully action to pry open the mouth of the patient; To help the sick children improve their breathing, when sick attack or just finished sick attack time cannot let the sick children swallowed any liquid food, which may make the children get choked. Take them to see the doctor as soon as possible for further examination and treatment.

◎若有以下情形應儘速就醫：

If there is one of following circumstances below should seek medical treatment as soon as possible :

1. 痙攣發作後無法開始呼吸。

After febrile convulsion's sick attack cannot breathe.

2. 一次痙攣發作後馬上接著另一次發作。

After once convulsion sick attack happens immediately continue with another sick attack.

3. 病人發作時撞傷或導致其他外傷。

When sick attack happens the patient get bruises or causes another outer wound.

4. 這是病人第一次痙攣發作。

This is the first time of patient convulsion sick attack

5. 痙攣發作時間超過5至10分鐘以上。


Convulsion sick attack time more than 5 to 10 minutes up.

參考資料 Reference Information

黃美智、蔣立琦總校閱(2018) · 兒科護理學 (六版) · 台北：永大。

若您想對以上的內容進一步了解，請洽諮詢電話：05-2756000 轉 40 病房分機 4001、4002

If you want to know more about the above, please contact: 05-2756000 turn 40 ward extension 4001,4002

 天主教中華聖母修女會醫療財團法人天主教聖馬爾定醫院 關心您

ST.Martin De Porres Hospital concern about you

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