

# Description Of Family Knowledge Performing Emergency First Aid For Fever Seizures In Toddlers At The Rami Pematangsiantar Health Center In 2021.

**Nagoklan Simbolon<sup>1</sup>, Indra Hizkia<sup>2</sup>, Agnes Tabita Tampubolon<sup>3</sup>**

<sup>1,2,3</sup>STIKES Santa Elisabeth Medan, Indonesia

---

## ARTICLE INFO

### Keywords:

Knowledge,  
Febrile Seizure.

---

## ABSTRACT

Knowledge The right first treatment that mothers can do when their child has a febrile seizure is to stay calm and don't panic, try to lower the child's body temperature, position the child correctly, namely the child's head is tilted, placed in a flat place, away from objects or actions that can injure children.. Fever seizures are seizures that occur when the body temperature rises (rectal temperature above 38°C) caused by extracranial processes. Febrile seizures are seizures that occur when the body temperature rises (rectal temperature above 38°C) caused by extracranial processes. The prevalence of febrile seizures in children under 5 years of age occurs every year in America, nearly 1.5 million people. The incidence of febrile seizures varies in different countries. The annual incidence of febrile seizures is 2-4% in Western Europe and America, 5-10% in India and 8.8% in Japan. Simple febrile seizures are 80% of all febrile seizures. Emergency in toddlers with febrile seizures at the Rami Pematangsiantar Health Center in 2021. Descriptive research that results from the study obtained good knowledge of 10 people (22.2%) and at most 22 people (48.9%) and less than 13 people (28.9). %. Another thing is because of the lack of information, health education only focuses on household matters without knowing how to maintain the health and safety of children.

---

### E-mail:

[Agnestabita39@gmail.com](mailto:Agnestabita39@gmail.com)

Copyright © 2022 Science Midwifery.

---

## 1. Introduction

Febrile seizures are seizures that occur when body temperature rises (rectal temperature above 38°C) caused by extracranial processes (Bararan & Jaumar, 2015). Febrile seizures are the most common neurological disorders found in children, especially in the group of children aged 6 months to 4 years (Wulandari & Erawati, 2016).

Actually there are many things that mothers can do to treat fever in children before seizures occur and then take them to the hospital. Measuring temperature and giving fever-reducing drugs, warm compresses (which are approximately the same temperature as the child's body temperature) and giving enough fluids can reduce fever. child's body temperature. Mothers must be aware that fever is one of the factors that cause seizures, due to a rapid increase in body temperature (Raaftery, 2018).

The prevalence of febrile seizures in children under 5 years occurs every year in America, almost as many as 1.5 million people. The incidence of febrile seizures varies in different countries. The annual incidence of febrile seizures is 2-4% in Western Europe and America, 5-10% in India and 8.8% in Japan. Simple febrile seizures are 80% of all febrile seizures (Kakalang, 2016). In Indonesia, the rate of febrile seizures is 3%-4% of children aged 6 months-5 years in 2016-2017. It was reported that 5 (6.5%) of them were 83 patients with epileptic febrile seizures, the management of febrile seizures must be appropriate, around 16% child will experience a recurrence within the first 24 hours although sometimes it cannot be ascertained, if the child has a fever the most important thing is an attempt to lower his body temperature (Depkes, 2017).

The incidence rate in West Java Province Based on Research Results Muti'ah, 2016 "Maternal Behavior in Treatment of Fever Seizures in Toddlers Age 0-5 Years at the Bandung City Regional General Hospital". In 2012 patients with febrile seizures in the hospital amounted to 2,220 for the age of 0-1 years, while the number was 5,696 for the age of 1-4 years. in Bandung, to be precise, at the general hospital in the city of Bandung, data obtained in 2010 with febrile seizures was 2.22% (Muti'ah, 2016). Although febrile seizures are not dangerous if the symptoms are not more than 10 minutes, but febrile seizures can be an emergency in children. Emergency conditions can occur if febrile seizures are not treated immediately. Emergencies that may occur are shortness of breath, a continuous increase in temperature, and physical injury. Delays and errors in handling febrile seizures can also result in sequelae in children and can lead to death (Khanis, 2010).

Research conducted in England, children who have a history of febrile seizures do not have differences in intellectual function. However, in children with a history of recurrent febrile seizures, proved to have a relatively lower non-verbal intelligence than children in general. In addition, children with recurrent febrile seizures were also shown to have lower intellectual test scores than children in general. Febrile seizures can also increase the risk of epilepsy by 57% if it occurs repeatedly and prolonged. Repeated febrile seizures can cause damage to the nervous system, causing the child to experience behavioral and intellectual disturbances. Thus, knowledge about the right first treatment in children with febrile seizures is needed (Amalia, 2013).

Knowledge is a very important element for the formation of one's behavior. A person's knowledge of an object contains two aspects, namely positive aspects and negative aspects. These two aspects will determine a person's attitude, the more positive aspects and objects that are known, the more positive attitudes will be towards certain objects. The research conducted by Putra et al explained that there was a relationship between nurses' knowledge about febrile seizures and the treatment carried out. The better the knowledge about febrile seizures, the better the treatment carried out by nurses (Rizkana, 2012).

The first appropriate treatment that can be done by the mother when her child has a febrile seizure is to stay calm and don't panic, try to lower the child's body temperature, position the child correctly, namely the child's head is tilted, placed in a flat place, away from objects or actions that can injure the child. . In addition, an important action for the mother to take is to maintain the smooth airway of the child, such as not putting anything in the mouth and not putting food or medicine in the mouth (Purwani, 2008).

## 2. Method

This research is a descriptive research. Sampling using Consecutive Sampling amounting to 45 respondents according to the inclusion criteria.

## 3. Results and Discussion

TABLE 1  
DEMOGRAPHIC DISTRIBUTION OF RESPONDENTS AT THE PEMATANGSIANTAR RAMI HEALTH CENTER IN 2021.

No.	Klarifikasi	Frekuensi	Presentase
1.	Age		
	< 30 Years	23	51,1%
	30-39 Years	12	26,7%
	40-49Years	5	11,1%
2.	Work		
	IRT	18	40%
	civil servant	8	17,8%
	Farmer	11	24,4%
	Entrepreneur	6	13,3%
	Casualworker	2	4,4%
3.	Education		
	Low	13	28,9%
	Intermediate	28	62,2%
	Tall	4	8,8%
4.	Religion		
	Protestant	17	37,8%
	Catholic	10	22,2%
	Islam	18	40%

# Science Midwifery

journal homepage: [www.midwifery.iocspublisher.org](http://www.midwifery.iocspublisher.org)

5.	Tribe		
	Simalungun	24	53,3%
	Toba Batak	8	17,8%
	Java	13	28%

Based on the age group table, it shows that the highest age group is <30 years old, 23 people (51.1%) and the smallest is 40-49 years old 5 people (11.1%), based on the largest occupational group, IRT is 18 people (40%). ) and small, namely casual workers 2 people (4.4%) and according to the education group, the highest education was secondary education as many as 28 people (62.2%) based on the religion group, most were Christian Protestants 18 people (40%) and the smallest was Catholic 10 people (22, 2%) based on ethnic groups, the largest being the Batak Toba 24 people (53.3%) and the small Simalungun tribe being 8 people (17.8%).

TABLE 2  
DISTRIBUTION OF FAMILY KNOWLEDGE PERFORMING EMERGENCY FIRST AID IN TODDLERS WHO HAVE EXPERIENCED FEVER SEIZURES AT THE RAMI PEMATANGSIANTAR HEALTH CENTER

No	Category Knowledge	Frequency	Percentage
1	Good	10	22,2%
2	Enough	22	48,9%
3	Less	13	28,9%
Scor		45	100%

## 4. Conclusion

Based on the results of research and discussion, several conclusions can be drawn as follows: following Based on research conducted at the Rami Pematangsiantar Health Center on the Knowledge Description of families doing emergency first aid for feverish toddlers at the Rami Pematangsiantar Health Center, families with toddlers found 45 people. From the results of the study obtained a description of family knowledge is the result of the study obtained good knowledge 10 people (22.2%) and the most knowledge is sufficient 22 people (48.9%) and 13 people less (28.9%). Another thing is the lack of information, health education and respondents only focus on household matters without knowing how to maintain the health and safety of children. Based on the knowledge of families doing Emergency First Aid in toddlers with febrile seizures, most of the respondents have sufficient knowledge of 22 people (48.9%). This is because they still do not understand the information so that respondents do not understand first aid for children with fever. In this case, respondents with moderate (sufficient) level of education and knowledge will provide accurate and correct informatio.

## References

- Andretty Rezy.P (2015).Relationship of history of febrile seizures with incidence rate epilepsy at Dr. moewardi. University of Muhammadiyah Surakarta.
- Arief, R. F. (2015). Management of febrile seizures. *Mirror of the World of Medicine*-232,42(9),658–659.b,
- Amalia K, Fatimah, Bennu HM. Risk factors for febrile seizures in children under five in the child care room of the general hospital in the southwest area of the city Makassar. *ISSN : 2302-1721*. 1(6):1-9. 2013
- Aziz, H. (2008). Introduction to basic nursing concepts, edition 2. Jakarta : Salemba medicine
- Arikunto, S. (2010), Research procedures for a practical approach, Jakarta: Rineka Cipta.
- Creswell, J.W. (2013). Research Design Qualitative, Quantitative, and Approaches mixed. Edition 3. Yogyakarta : Student Library
- Fida & Maya.(2012). Introduction to child health. Yogyakarta : D-Medika. Hainunnisa. (2016). The relationship between mother's knowledge about febrile seizures with the incidence of febrile seizures in children under five at the Bekasi Hospital. *Stikes Medistra Bekasi*.
- Friedman, M. (2010). Textbook of Family Nursing. Research, Theory, & Practice. 5th Edition. Jakarta :EGC
- Gerogianni, S. & Babatsikou, K. (2014). Psychological Aspects in Chronic Renal Failure. *Health Science Journal*. 2014. Vol. 8 (2)
- Khanis A. Iron deficiency with stfr parameter as a risk factor for febrile seizures. Semarang: Diponegoro University. 2010. Accessed at [eprints.undip.ac.id](http://eprints.undip.ac.id)
- Juanita F, Manggarwati S. (2016) Improving maternal self-efficacy through the methodchalk and talk about the first management of febrile seizures in toddlers in plosowahyu village, lamongan district. *STIKES*

Muhammadiyah Lamongan.

- Nursalam. (2020). Research methodology nursing science practical approach Edition 4. Jakarta: Salemba Medika.
- Notoatmodjo, Soekidjo. 2018. Health Research Methodology. Jakarta: Rineka Cipta.
- Brunner & Suddarth. (2013). Textbook of Medical-Surgical Nursing. Edition 8. Jakarta : EGC
- Cinar, S, Barlas G.U, & Alpas, S.E (2009). Stressors and Coping Strategies in Hemodialysis Patient. Pakistan journal of medical science. April-June (200) (Part II) Vol. 25. No. 3, 447-454
- Copstead L. & Banasik, J. (2010). Pathophysiology. Fourth Edition. Canada : Saunders Elseiver
- Polit & Beck . (2012). Resource Manual for Nursing Research. Generating and Assessing Evidence for Nursing Practice. Ninth Edition. USA : Lippincott.
- Potter, P.A. & Perry, A.G. (2005). Nursing Fundamental Textbook Concepts, Processes and Practices. Edition 4. Vol 1. Jakarta. EGC
- Purwanti, Sri O, Maliya A. Emergency febrile seizures in children. Nursing Science News. 1(1):97-100. 2008
- Riandita, A. (2014). The relationship between mother's level of knowledge about fever with the management of fever in children. Young Medika Media Journal
- Rahayu S. (2015). Health education model in increasing knowledge about the management of febrile seizures in mothers of children under five at the Posyandu under five. Surakarta Health Polytechnic.
- Rizkana NN, Trisnasari A, Sundari. Mother's level of knowledge about febrile seizures in toddlers in the village of Sukodadi, kangkung sub-district kendal district. 2012. Accessed at [perpusnwu.web.id](http://perpusnwu.web.id)
- Susilowati. E. (2016). The relationship between parental knowledge about handling fever and the incidence of recurrent febrile seizures in the children's office of RSUD Dr. Soehadi Prijonegori Sragen. . Stikes Kusuma Husada Surakarta.
- Supranto, J. (2017). Sampling technique for surveys and experiments 4th edition. Jakarta: Rineka Cipta.
- Suhartatik, Kamtono, Wulandari . (2015). Effect of health education about the management of febrile seizures in toddlers on maternal self-efficacy. in the village of tempursari ponds in Boyo Mantingan Ngawi.
- Sugiyono. (2017). Quantitative, qualitative educational research methods RND, Dandung : Alfabeta.
- Wulandari.M & Ernawati.M. (2016). Child Nursing Textbook. Yogyakarta: Student library.