

mortality. In Gloucestershire there have been a number of fatal accidents among children related to heavy furniture, blind cords, and diaper bags as well as potentially harmful practices such as cosleeping. Over the last few decades, UK injury prevention programs have halved the number of childhood accidental deaths. There is evidence that community-based campaigns bring about positive behavioral change and can reduce the number of injuries necessitating medical attention. The objective was to explore carer awareness of 4 specific hazards (diaper bags, cord blinds, cosleeping, and heavy furniture) linked to pediatric deaths in the region through the use of questionnaires and a standardized educational poster display.

METHODS: A standardized safety awareness poster board was designed with approved charity leaflets, supported by local council funding. Six hundred poster packs were distributed to public centers across the county. A service evaluation questionnaire was offered to carers or parents of children attending the Children's Center of Gloucestershire Royal Hospital during Child Safety Week. It explored their current safety practices and their thoughts on the usefulness and impact of the poster campaign. The survey was approved by the Trust Research Board and did not need ethical approval.

RESULTS: We obtained 103 questionnaire responses over 5 days, 96% of which were from parents. Almost a quarter of respondents were unaware of accidental deaths relating to diaper bags, although most (82%) kept them out of children's reach. Of the 57 respondents who had cord blinds at home, 26% did not have a safety device attached. Despite prominent national campaigns discouraging cosleeping, 42% of all respondents stated they had slept in the same bed as their children when they were <1 year old. Two-thirds (67%) of respondents reported having secure fixtures in place in their home. Many parents stated they were aware of the hazards highlighted (average 1–10 scale rating, 8.2), and had found the campaign useful (average 1–10 scale rating, 7.3). However, carers perceived the potential to alter current practices as negligible (average 1–10 scale rating, 5.3).

CONCLUSIONS: A poster campaign highlighting hazards implicated in local deaths is deemed useful by parents, but the perceived impact of changing home safety practices is negligible. Additional work through the use of focus groups and parental communication is needed to identify how best to promote safety practices for future campaigns.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2014-3330BB

**Imelda Bennett,
Lucy Plumb,
Bianca Cuellar**
*Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire,
England*

Evaluation of Clinical Features of 238 Cases With Febrile Convulsion

BACKGROUND AND OBJECTIVE: Febrile convulsion (FC) is defined as a seizure triggered by fever in children between 6 months and 5 years of age without an underlying central nervous system infection. It is the most common cause of convulsion in childhood, and 3% to 4% of children experience FC at least once by 7 years of age. The objective was to evaluate clinical features, including demographics, laboratory findings, causes of fever, and FC duration among inpatients diagnosed and treated for FC.

METHODS: A total of 238 patients with the diagnosis of FC between May 2009 and May 2012 were included in the study. Demographic, clinical, and laboratory data of the patients were analyzed.

RESULTS: One hundred thirty-nine patients (58.5%) were male and 99 (41.5%) were female, for a male/female ratio of 1.4. Mean age of patients admitted with a first FC was 2.2 ± 1.1 years. The mean temperature measured rectally during the seizure was $38.7^\circ\text{C} \pm 0.5^\circ\text{C}$. Febrile convulsion was diagnosed as simple type in 198 (83.2%) and complex type in 40 (16.8%) of patients. Thirty-three (13.8%) patients developed a second seizure within 24 hours. Median convulsion duration was 2 minutes (range, 1–5). The most common fever etiology was upper respiratory tract infection, occurring in 131 (55%) cases.

CONCLUSIONS: Benign conditions, such as upper respiratory tract infections, are common causes of FC. A conservative approach is most appropriate in these cases.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2014-3330CC

**Mesut Kocak,^a
Ebru Yılmaz,^b
Osman Ozdemir,^a
Yusuf Aydın,^c
Ali Osman Koksak,^a
Deniz Yılmaz,^a
Aslıhan Araslı Yılmaz^a**

^a*Departments of Pediatrics, and
Family Medicine, Kecioren Training and Research Hospital, Ankara, Turkey;*
and

^b*Department of Family Medicine, Atatürk Training and Research Hospital,
Ankara, Turkey*

Trends in Nonpolio Acute Flaccid Paralysis Incidence in India 2000 to 2013

BACKGROUND: Although the incidence of polio acute flaccid paralysis (AFP) has decreased in India, the nonpolio AFP (NPAFP) rate has increased. Nationwide, the NPAFP rate is 11.82 per 100 000 population, whereas the expected rate is 1 to 2 per 100 000 population. We examined the

Evaluation of Clinical Features of 238 Cases With Febrile Convulsion
Mesut Kocak, Ebru Yılmaz, Osman Ozdemir, Yusuf Aydýn, Ali Osman Koksak,
Deniz Yılmaz and Aslýhan Arasly Yılmaz
Pediatrics 2015;135;S16
DOI: 10.1542/peds.2014-3330CC

Updated Information & Services

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/135/Supplement_1/S16.1

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Evaluation of Clinical Features of 238 Cases With Febrile Convulsion

Mesut Kocak, Ebru Yılmaz, Osman Ozdemir, Yusuf Aydın, Ali Osman Koksal,
Deniz Yılmaz and Aslıhan Araslı Yılmaz

Pediatrics 2015;135;S16

DOI: 10.1542/peds.2014-3330CC

The online version of this article, along with updated information and services, is
located on the World Wide Web at:

http://pediatrics.aappublications.org/content/135/Supplement_1/S16.1

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2015 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

