

Seizure (Simple and Complex Febrile) ED and Inpatient Care Guideline

Inclusion Criteria

- 1st or recurrent febrile seizures

Exclusion Criteria

- < 6 months of age
- ICU status, trauma, chronic systemic illness

Complex Febrile Seizure

- Age 6 months – 5 years
- Prolonged duration > 15 minutes, >1 in 24 hrs, or focal
- At onset of febrile illness
- Returns to neuro baseline
- Developmentally normal

Simple Febrile Seizure

- Age 6 months – 5 years
- Duration < 5 minutes
- No focality
- At onset of febrile illness
- Returns to neuro baseline
- Developmentally normal

Contact the Neurologist on call

Admission required

No

Yes

Admit to hospital
(NSI if bed available)

Neurology consult
Consider EEG, awake & asleep
Consider MRI of brain

Followup
Appointment with
Neurology

Simple Febrile Seizure does not qualify for inpatient unless

- there is serious parental concern or
- the etiology of the febrile illness is unclear

Neurology consult not indicated unless < 1 year or > 3 years and new onset
MRI of brain and EEG not indicated

Discharge Criteria

- Seizures controlled or improved
- Underlying cause evaluated and if identified, treated
- Patient education completed

Recommendations/Considerations

- Most seizures in children last for less than 5 minutes. Seizures lasting greater than 5 minutes should be treated as status epilepticus (See Status Epilepticus Care Guideline).
- Obtain a detailed neurologic examination and developmental assessment. History can reveal possible unrecognized seizure activity.
- Consider LP for persistent fever, altered mental status, focal exam, or < 12 months of age.
- MRI is not recommended in children with a febrile seizure unless the history, physical exam, or neuro/developmental assessment, suggest focality or deterioration/delay, in which case an MRI is the procedure of choice.
- Treatment with anti-seizure medication is not indicated for simple febrile seizures.

Patient Education

- Education should be geared toward decreasing fear and promoting understanding of seizure event. Provide information on how to handle any seizure that may occur in the future.
- Antipyretics, although they may improve the comfort of the child, will not prevent febrile seizures.
- Children > 12 months at the time of the 1st febrile seizure have approximately a 30% probability of a 2nd febrile seizure and those children have a 50% chance of having at least 1 additional recurrence.
- View videos on CPR and Seizure Recognition/First Aid.
- Handouts: Seizure Recognition and First Aid

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References

Seizure, Simple and Complex Febrile Care Guideline

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