

FEBRILE SEIZURES - ASSESSMENT AND ACUTE MANAGEMENT

(C) BCH Emergency Department

Inclusion Criteria:

- Age: 6 mo – 5 yrs
- Fever: ≥ 38 C

Exclusion Criteria:

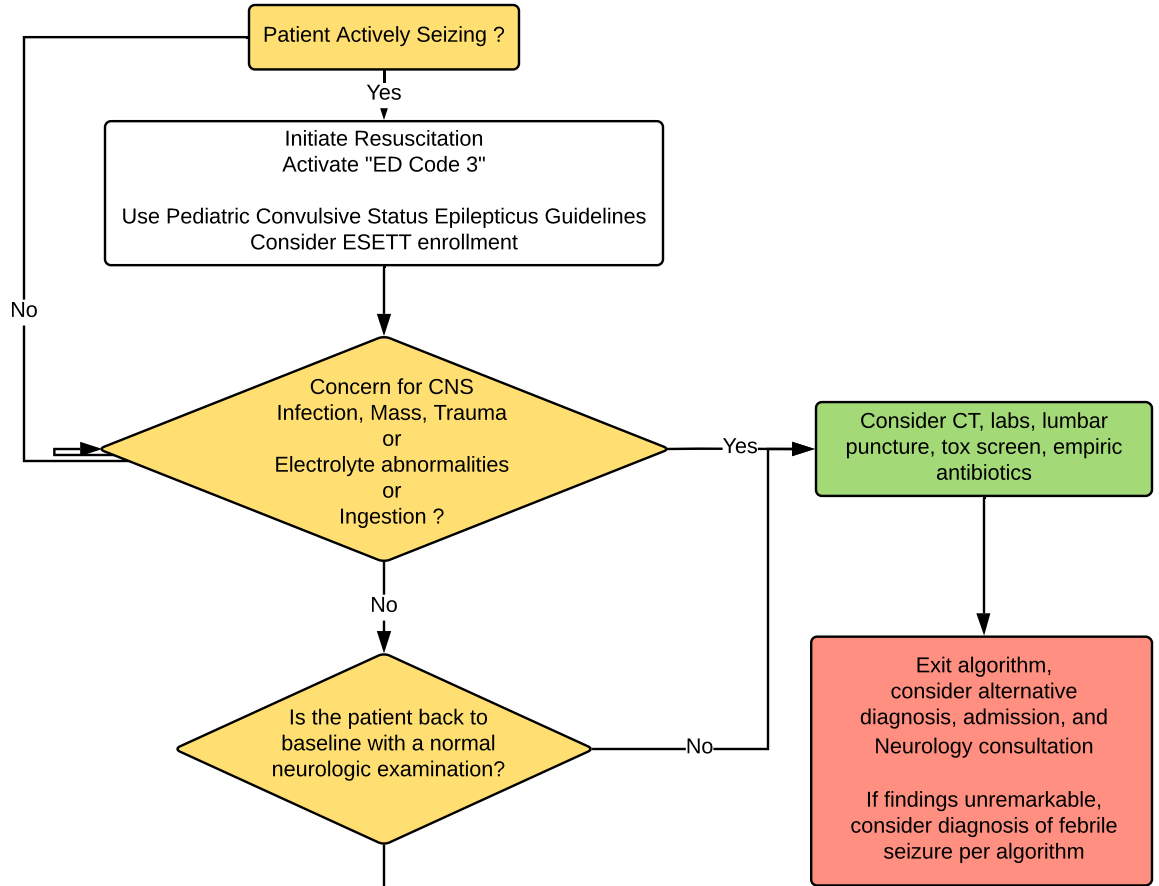
- History of epilepsy, previous afebrile or complex febrile Sz
- Previous neurologic insult or CNS abnormality (VP Shunt)
- Not fully immunized (6 mo)
- Currently on antibiotics
- Immunodeficiency
- Oncology patients

Simple Febrile Seizure:

- Generalized AND
- Lasting < 15 minutes AND
- One Sz in 24 hrs AND
- Return to baseline

Complex Febrile Seizure:

- Focal AND/OR
- Lasting > 15 minutes AND/OR
- Multiple Sz's in 24 hrs



Simple Febrile Seizure

- Generalized AND
- Lasting < 15 minutes AND
- One Sz in 24 hrs

AAP Guidelines (2011):

- Any workup should be directed toward identifying the source of the fever, NOT the seizure. Therefore, the following are NOT routinely recommended: Lab testing, neuroimaging, and EEG.
- Consider a lumbar puncture only if there are signs / symptoms of meningitis after the Sz, patient is not fully immunized or has been pretreated with antibiotics.

Complex Febrile Seizure

- Focal AND/OR
- Lasting > 15 minutes AND/OR
- Multiple Sz's in 24 hrs
- No consensus guidelines on workup.
- Consider Neurology consultation.

ED Discharge Criteria

- Non toxic
- Cause of fever does not require inpatient admission
- Reliable caretaker
- Appropriate outpatient follow up is identified