FEBRILE SEIZURE

Inclusion:
• 6 months – 5 years with seizure activity AND fever (Temp ≥ 38.0) within 24hrs

Exclusion:
• <6mos OR >5yrs
• Suspected intracranial infection
• Known seizure disorder
• Suspected traumatic injury
• History of unprovoked seizure
• History of neurosurgical procedure
• History of chronic Illness associated with epilepsy

Simple Febrile Seizure

1. Lasts <15min
2. Generalized (no focality)
3. Only 1 episode in 24hr period
4. Returns to neurologic baseline (developmentally normal)

Complex Febrile Seizure

1. Prolonged (>15min)
2. Any focality
3. >1 episode in 24hr period

ED Evaluation

• Testing only as clinically indicated for fever etiology
• Laboratory testing, EEG or neuroimaging generally not indicated
• Parental Education

Neurology Consult: Consider for all complex febrile seizures
Laboratory Testing: Consider dextrose, electrolytes, LFTs & toxicology work up if indicated
Lumbar Puncture: Guided by H&P
Emergent Neuroimaging: Suspected trauma, inc. ICP, persisting deficits
Urgent EEG: Prolonged change in mental status, concern for sub-clinical seizure

Other Considerations
• Thorough neurologic examination and developmental history is required
• Meningitis is in the ddx for any febrile child
• LP may be considered in the following higher risk cases:
  o Clinical concern of meningitis
  o Unimmunized patients
  o Partially immunized (deficient in Hib or S.pneumoniae vaccines)
  o Those pretreated with antibiotics that may mask meningitis signs

Admission Criteria
- Shared decision with pediatric neurology for complex seizures
- Fever etiology requires hospitalization
- Febrile status epilepticus (see status pathway)

ED Discharge Criteria
- Cause of fever can be treated as outpatient
- Pt is back to neurologic baseline
- Parents comfortable with treatment and follow up plan

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