# Seizure: Febrile (Simple and Complex)

Associated Power Plans: EDP Simple and Complex Febrile Seizure Pathway; Simple and Complex Febrile Seizure Pathway



Child presents following a

suspected febrile seizure

Evaluate the source of the

**Evidence Based Practice** 

#### Inclusion criteria

- Child between ages of 6 60 months
- Typical neurodevelopment
- Fever at or near the time of the seizure

Note. Seizures may be provoked by acute illness without fever. However, if there was no known fever, contact Neurology for guidance

#### **Exclusion criteria**

- If presently experiencing a seizure > 5 minutes, see Status Epilepticus Clinical
- Child > 60 months of age
- Known underlying condition (e.g., an inborn error of metabolism)
- · History of non-febrile seizures
- Recent history of head trauma or concern for non-accidental trauma (NAT)

### **Definition of SIMPLE Febrile Seizure**

- Lasting < 15 minutes, and</li>
- · Occurring once within a 24-hour period, and
- No focal features

Note. Electroencephalogram (EEG) and neuroimaging are not typically indicated, unless needed to identify the source of fever

#### Admission Criteria

- · Not returning to neurological baseline within 4 - 6 hours
- The infection causing the fever requires hospitalization
- Clinical status is unstable
- There are concerns about access to medical care

# **Meningitis and Intracranial Infection**

- Lumbar puncture (LP) is indicated in children with signs and symptoms of CNS infections
- Consider LP for children:
- 6 12 months of age who are under-immunized for Haemophilus influenzae type b (Hib) and Streptococcus pneumoniae
- <u>Pathway</u> or <u>Sepsis Clinical Pathway</u> if needed

## fever and manage the source accordingly • In whom immunization status is unknown Pre-treated with antibiotics Refer to Focal Intracranial Infection Clinical Is there concern for Perform LP and consider meningitis or intracranial need for neuroimaging infection? No Is evaluation reassuring (normal CSF indices)? Off Pathway. Evaluate and Was the febrile manage accordingly. Simple seizure simple or Complexcomplex? Was the seizure or neurological exam focal? Consider alternative diagnoses Consult Neurology No • Reconsider the need for LP and/or neuroimaging Does the child meet Does the child meet Yes<sup>.</sup> admission criteria? admission criteria?

### **Anticipatory Guidance**

- Explain risk of recurrence
- · Educate on seizure first aid
- · Discuss future fevers
- · Discuss age-appropriate seizure precautions
- · Provide follow-up plan
- Frequently asked questions

### Discharge Instructions (also in Depart)

- Simple Febrile Seizure
- · Complex Febrile Seizure

### Discharge

No

- Call Neurology if there are questions or concerns
- Follow-up with PCP
- Provide Anticipatory Guidance
- A rescue medication is not typically needed

# Abnormal motor manifestations

**Alternative Diagnoses** 

- Syncope during febrile state
- such as shuddering, dystonia
- Rigors
- Toxic ingestion or medication
- Meningitis
- Non-accidental trauma (NAT)

### Discharge

Call Neurology if there are questions or concerns

No

- Follow-up with PCP
- Refer to Neurology Clinic for a new patient appointment (will undergo EEG and possibly neuroimaging outpatient)
- Provide Anticipatory Guidance
- A rescue medication may be prescribed if presenting seizure was > 5 minutes



Contact: EvidenceBasedPractice @cmh.edu

**Link to synopsis and references** 

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Consider alternative diagnoses

care glucose, urine drug screen)

Continue stabilization and work-up

as needed (e.g., CBC, BMP, point of

Call Neurology if there are questions

Admit to General Pediatrics (or intensive

care if clinically indicated)