Seizure (Simple and Complex Febrile) 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 > 5 minutes 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

**Inpatient Criteria**
Simple Febrile Seizure does not qualify for inpatient unless
- there is serious parental concern or
- the etiology of the febrile illness is unclear

**Admit to hospital (NSI if bed available)**

**Neurology consult**
EEG, awake & asleep
MRI scan of brain may be indicated

**Educate on antipyretics and risk of seizure recurrence**

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

**Recommendations/Considerations**
- 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 antiepileptic drug is not indicated for simple febrile seizures.
- 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

**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
- Educate on antipyretics and risk of seizure recurrence.
- Appropriate use of 911
- View Instant Healthline videos on CPR and seizure first aid
- Seizure Recognition and First Aid

**Revised Care Guidelines**
Committee 3-18-09
Reviewed Evidence Based Medicine Committee 11-25-15

Reassess the appropriateness of the Care Guidelines as condition changes and 24 hours after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The provider should deviate from the guideline when clinical judgment so indicates.
References
Seizure, Simple and Complex Febrile Care Guideline

