

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

Admit to hospital
(NSI if bed available)

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

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

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

References
Seizure, Simple and Complex Febrile
Care Guideline

American Academy of Pediatrics. Febrile Seizures: Clinical Practice Guideline for the Long-term Management of the Child with Simple Febrile Seizures. Pediatrics, 2008 (121): 1281-1286.
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American Academy of Pediatrics. Clinical Practice Guideline – Neurodiagnostic Evaluation of the Child with a Simple Febrile Seizure. Pediatrics, 2011 (127) 389-394.
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British Columbia Ministry of Health Services, Guidelines and Protocols Advisory Committee. Febrile Seizures. September, 2010. http://www.bcguidelines.ca/guideline_febrile.html