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Is this a febrile seizure?

Definition:

- ✓ Childhood seizure
- ✓ After one month of age
- ✓ Child has febrile illness
- ✗ No CNS infection
- ✗ No previous neonatal or unprovoked seizures
- ✗ Doesn't meet criteria for other acute symptomatic seizures

—International League Against Epilepsy

Seizure types:

Simple	Complex	Febrile status epilepticus
Less than 15 mins	More than 15 mins	
Generalised	Focal	More than 30 mins
No recurrence within 24 hours	May have repetitive seizures	
No postictal pathology	Todd's paresis may be present	

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Consider alternative diagnoses

Beware an alternative diagnosis, especially if the fever is less than 38°C, or in infants younger than 6 months. Causes could include CNS infections or other causes of fever.

Red flags suggestive of CNS infection:

- Antibiotic treatment
- Complex febrile seizures
- History of irritability, decreased feeding or lethargy
- Incomplete immunisation:
 - Haemophilus influenzae B
 - Streptococcus pneumoniae
- Postictal symptoms lasting more than 1 hour
 - Limited social response
 - Altered consciousness
 - Neurological deficit
 - Drowsiness

- Any physical signs of meningitis/encephalitis
 - Bulging fontanelle
 - Focal neurological signs
 - Neck stiffness
 - Photophobia

⚠ Symptoms and signs of meningeal irritation may be absent in children under 2 years of age.

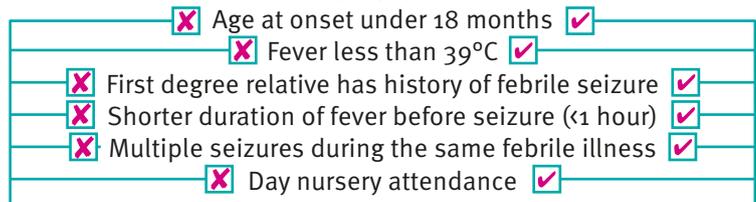
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Educate and inform parents

Recurrence:

Overall recurrence is thought to be about 1 in 3. Parents can be reassured that recurrence is rare in children with no risk factors.

Risk factors



Epilepsy

Most children with FS do not develop an epilepsy.

Risk factors

- ✓ Family history of epilepsy
- ✓ Complex febrile seizure
- ✓ Neurodevelopmental impairment

Having all three risk factors increases risk of epilepsy to 50%.

Children with no risk factors

4 in 100 chance of further seizures

Children with all risk factors

80 in 100 chance of further seizures

Cognitive impairment

A single simple febrile seizure poses no threat to a child's cognitive development.

Advice for Parents

- During seizure:
 - ✓ Protect child from injury
 - ✗ Do not restrain child
 - ✗ Do not put anything in their mouth
- If seizure ends within 5 minutes:
 - ✓ Check airway
 - ✓ Place child in recovery position
 - ✓ Explain that the child may be sleepy for up to an hour
 - ✓ Seek medical advice
- If seizure continues longer than 5 minutes:
 - ✓ Call an ambulance
 - ✓ Administer rescue treatment

Rescue medications

For children with high risk of recurrence, parents should be provided with benzodiazepines (midazolam or rectal diazepam) on discharge.