

1. IS THIS A 'FEBRILE CONVULSION'?

- ✓ Age 6 months – 5 years
- ✓ Child has febrile illness
- ✗ No CNS infection (see page 3 for identification/management)
- ✗ No previous neonatal or unprovoked seizures

2. IS IT A SIMPLE OR COMPLEX FEBRILE CONVULSION?

SIMPLE

Less than 15 mins

Generalised

No recurrence within 24 hours

No postictal pathology

age >12
months

- **Urinalysis** if no clear focus on examination
- **Do not do bloods routinely** as they usually provide no diagnostic value
- Consider **discharge home** if well after 4 hours
- Give parent/carer **information leaflet** and **verbal advice** (see next page)

age 6-12
months

- **Admit for 6-12 hours observation**
- **Urinalysis** if no clear focus found on examination
- **Discharge home** if remains well after observation period
- Give parent/carer **information leaflet** and **verbal advice** (see next page)

COMPLEX

More than 15 mins

Focal

May have repetitive seizures

Todd's paresis may be present

- **Admit to hospital**
- **Manage case-by-case** according to clinical findings and test results, but *consider* full septic screen, CT head, IV antibiotics and antivirals
- **Consider whether could be CNS infection** (see last page)

ADMIT if:

- 6-12 months (for further observation)
- Complex febrile seizure (see red box)
- Repeat seizure within 24 hours
- Parental anxiety, or home circumstances unsuitable for adequate observation

3.WHAT ADVICE SHOULD WE GIVE TO PARENTS?

- Provide information leaflet on febrile convulsions
- Advise to return if further seizure within same illness
- Advise that antipyretics do not reduce risk of further convulsions. Antipyretics can be used to reduce pain, distress or discomfort.e.g. otitis media
- Give advice for what to do if has another seizure:
 - ✓ Protect the child from injury but do not restrain the child
 - ✓ Do not put anything in the child’s mouth
 - ✓ Put into recovery position
 - ✓ Time and video the seizure (if possible)
 - ✓ Seek medical advice
 - ✓ If seizure lasts >5 minutes call 999
- Give info on risk to the child (see below)

4. WHAT IS THE FUTURE RISK TO THE CHILD?

EPILEPSY	RECURRENT FEBRILE CONVULSIONS
• Most children with febrile seizures do <u>not</u> develop epilepsy. • Risk factors for developing epilepsy: • Family history of epilepsy • Complex febrile seizures • Neurodevelopmental impairment • Having all three risk factors increases risk of epilepsy to 50%	• 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 for recurrence: • Age at onset <18 months • Fever less than 39°C • First degree relative with history of febrile convulsions • Shorter duration of fever before seizure (<1 hour) • Multiple seizures during same febrile illness • Day nursery attendance • Children with <u>no</u> risk factors have 4% chance of recurrence • Children with <u>all</u> risk factors have an 80% chance of recurrence
COGNITIVE IMPAIRMENT	
• A single febrile seizure poses no threat to a child’s cognitive development	

APPENDIX: COULD IT BE CNS INFECTION?

RED FLAGS SUGGESTIVE OF CNS INFECTION

- Incomplete immunisation (haemophilus influenzae B, streptococcus pneumoniae, meningococcal B)
- 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
 - Ongoing irritability
 - NOTE: symptoms and signs of meningeal irritation may be absent in children under 2 years of age



MANAGEMENT OF CNS INFECTION

- Seek senior advice
- Management will include
 - Full septic screen
 - IV antibiotics +/- IV antivirals
- Imaging (CT scan) may be warranted

REFERENCES

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REVIEW					
Name	Revision	Agreed by	Date	Version	Review date
Rhiannon Furr	New doc	General Paediatric Consultants	Oct 2017	1.0	Oct 2019