FEBRILE SEIZURES

DEFINITION

A typical febrile seizure:-

1. Occurs between the ages of 6 months and 6 years. The diagnosis of a simple febrile seizure should be considered with greater caution in any child of 6 - 12 months and should **never** be considered as the diagnosis under the age of 6 months, even if the seizure is associated with a temperature.

2. Is shorter than 10 minutes and recovery is rapid.

3. Is generalised rather than focal.

4. Is, of course, always associated with a temperature (actually a rapidly rising temperature) which does not have to be of any particular magnitude.

FURTHER INVESTIGATIONS

A full clinical assessment should always be carried out to exclude an underlying cause for the seizure, other than the fever, and also to identify, if at all possible, the source of the fever. It is **not** necessary to carry out an LP on all children with a febrile seizure, even if it is a first attack, although in children under 12 months an LP is more likely to be indicated. Investigations such as blood count, blood culture, urine microscopy and LP should be carried out as clinically indicated rather than routinely. If it is thought that the child is suffering from a simple virus infection, it may be best not to carry out any investigations at all.

An EEG should not be done routinely.

If there is incomplete recovery of consciousness following the seizure, or if there are focal features such as Todd's paralysis, other diagnoses should be considered, especially meningitis and herpes simplex encephalitis.

IMMEDIATE TREATMENT

Commonly the seizure has ended by the time the child presents and no further direct treatment is required. However, if the child is still fitting, give oxygen via a mask and oral midazolam in a standard dose for age. If this does not stop the seizure, then proceed using the protocol for status epilepticus.

MANAGEMENT

Febrile seizures are a very frightening event for the parents. You will need to explain carefully what has happened. The nurse will provide a patient information sheet for the parent's further consideration (available on the Trust intranet). On account of parental concern children are often admitted after a first seizure. There is a small risk of recurrence within the same febrile illness. Providing parents are prepared to cope with a further seizure and a serious cause of the fever has been appropriately excluded, a child may be discharged home.

Parents should be told how to cool their child during a febrile illness by removing clothes and giving paracetamol. Tepid sponging does not seem to bring down the temperature because it encourages peripheral vasoconstriction.

About 30% (50% under 15 months) have a recurrence in a future illness. Children with recurrent prolonged febrile seizures may benefit from oral midazolam given at home at the start of the seizure by the parent. Prophylactic anticonvulsants are rarely helpful.

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