



**Guideline for the management of
afebrile seizures in children
1 month- 17 years**

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Guideline History		
Date	Comments	Approved By
Feb 2017	Ratified	Governance Meeting
Dec 2019	Reviewed	
Feb 2022	Reviewed – comment added regarding NAI	Paediatric Guidelines Committee

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Guideline for the management of afebrile seizures in children 1 month- 17 years

Introduction

- For children under the age of 1 month use the **Neonatal seizure guidelines**
- This Guideline is to be used in conjunction with the **Status Epilepticus Guideline**

Indication for use

- Afebrile seizures lasting less than 5 minutes in children

Cautions

- Children under 1 month are treated as per neonatal guidelines
- **If seizure lasting more than 5 minutes treat as for Status Epilepticus**

Guidance

Observations at triage on all:

- Temp, BP, O2 saturations, AVPU, glucose

History:

Definitely a seizure?

- Eye witness description
- Video - gold standard
- Focal features
- Duration
- Epilepsy diagnosis? – check letters on Evolve
- Triggers – intercurrent illness, missed anti-convulsant medication, alcohol, drugs
- Development and learning

Examination: Orientation and level of responsiveness

- Dysmorphic features
- Neurocutaneous stigmata – café au lait patches, Woods light
- Full neurological assessment – focal neurology
- Full cardiology examination – beware bradycardia

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Investigation:

- Blood gas, glucose, lactate, Na, Ca, Mg if 1st presentation
- **ECG on all first seizures**
- Discuss urgent brain imaging with senior if any focal neurological abnormality
- Urine toxicology in older patients
- LP if CNS infection is suspected – MC&S, protein, glucose, herpes PCR
- Anti-convulsant levels if on Carbamazepine, Oxcarbazepine, Phenytoin

Admit if:

- Unwell
- Prolonged post-ictal phase
- <1 year age
- Focal or prolonged seizure
- Abnormal examination

Consider:

Always consider whether the seizure could have occurred as a result of a non-accidental injury. CT brain scan may be necessary even when the seizure is generalised, especially in the under 1 yr olds.

If infantile spasms are suspected ALWAYS admit. Discuss with Kate Irwin, Clare Hill or consultant on call. EEG is indicated within 24 hours to look for hypsarrythmia.

Refer:

All children to 1st seizure clinic under either Kate Irwin, Clare Hill. *** It is NOT necessary to request EEG or start anti-convulsant medication***

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2. Supporting References

- *NICE Guidance: Epilepsies Diagnosis and management: Clinical Guideline [CG137]*
- <https://www.nice.org.uk/guidance/cg137>

3. Supporting relevant trust guidelines

- Neonatal seizure guidelines
- Status Epilepticus Guideline

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2. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

- i. This guideline aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.
- ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

- i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
- ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
- iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

- a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
- b. If new information comes to light prior to the review date, an earlier review will be prompted.
- c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

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g. Equality Impact Assessment

<p>Background</p> <ul style="list-style-type: none"> Who was involved in the Equality Impact Assessment
<p>Author</p>
<p>Methodology</p> <ul style="list-style-type: none"> A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) The data sources and any other information used The consultation that was carried out (who, why and how?)
<p>All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.</p>
<p>Key Findings</p> <ul style="list-style-type: none"> Describe the results of the assessment Identify if there is adverse or a potentially adverse impacts for any equalities groups
<p>There is no evidence of discrimination.</p>
<p>Conclusion</p> <ul style="list-style-type: none"> Provide a summary of the overall conclusions
<p>There is no evidence of discrimination.</p>
<p>Recommendations</p> <ul style="list-style-type: none"> State recommended changes to the proposed policy as a result of the impact assessment Where it has not been possible to amend the policy, provide the detail of any actions that have been identified Describe the plans for reviewing the assessment
<p>This guideline is appropriate for use.</p>

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Guideline for the management of afebrile seizures in children
1 month- 17 years

Policy (document) Author: Dr Kate Irwin

Executive Director: N/A

		Yes/No/ Unsure/NA	<u>Comments</u>
<u>1.</u>	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<u>2.</u>	Scope/Purpose		
	Is the target population clear and unambiguous?	Y	
	Is the purpose of the document clear?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<u>3.</u>	Development Process		
	Is there evidence of engagement with stakeholders and users?	N/A	
	Who was engaged in a review of the document (list committees/ individuals)?		Paediatric Guidelines Committee
	Has the policy template been followed (i.e. is the format correct)?	Y	
<u>4.</u>	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	

		Yes/No/ Unsure/NA	<u>Comments</u>
	Are local/organisational supporting documents referenced?	N/A	
5.	Approval		
	Does the document identify which committee/group will approve/ratify it?	Y	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	N/A	
6.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
7.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	N/A	
8.	Review Date		
	Is the review date identified and is this acceptable?	Y	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	
10.	Equality Impact Assessment (EIA)		
	Has a suitable EIA been completed?	Y	

Committee Approval (Paediatric Guidelines Group)

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

Name of Chair	Dr Claire Mitchell	Date	<u>21/02/2022</u>
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Ratification by Management Executive (if appropriate)

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

Date: n/a