

Guidelines for the management of febrile seizures in children 1 month- 17 years

For children under the age of 1 month use the **Neonatal seizure guidelines and treat as for sepsis**

This Guideline is to be used in conjunction with the **Status Epilepticus Guideline**

Indication for use: Febrile seizures lasting less than 5 minutes in children

Cautions Children under 1 month are treated as per neonatal guidelines

Treat as for sepsis also consider HSV infection

If seizure lasting more than 5 minutes treat as for Status Epilepticus

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Guideline for the management of febrile seizures

Simple – Isolated GTCS <15 minutes that do not recur within the same febrile illness with no previous neurological problems.

Complex – Focal features during seizure; last >15 minutes; incomplete recovery after 1 hour; recurrence within 24 hours.

Up to 5% cases present in febrile Status Epilepticus.

On arrival: A B C

Oxygen

Confirm fever

Check Glucose

5 minutes: Buccal Midazolam Age 0 – 1 month 2.5mg

Age 1 - 4 years 5mg

Age 5 – 9 years 7.5mg

Age >10 years 10mg

OR Rectal Diazepam Age 0 – 1 year 2.5mg

Age 2-11 years 5 – 10 mg

Age 12-17 years 10mg

OR IV/IO Lorazepam 0.1 mg/kg

Dose of any benzodiazepine can be repeated ONCE, after 10 minutes, if seizure ongoing.

15 minutes: seizure ongoing? SEE STATUS GUIDELINE.

When seizure terminates: get temperature down with Paracetamol and/or Ibuprofen. Look for source of infection.

Investigations: Urine MC&S in all

Consider FBC, CRP, blood cultures, CXR if no clear source found

LP should be discussed with senior in all children under 1 with no source of infection

Neuroimaging should be discussed with senior in all focal febrile seizures

Admit: All < 18/12 old

All unwell

All complex febrile seizures

All 1st febrile seizures should be observed for 6 hours in PAU.

Refer to 1st seizure clinic: complex

Frequent

Additional neurological or developmental abnormality

References:

NICE clinical knowledge summaries: Febrile seizures

<https://cks.nice.org.uk/febrile-seizure>