



**Village Management**

- Always check blood glucose.
- Patients <18 months with first-time febrile seizure or any patient with first-time non-febrile seizure should come to Bethel for evaluation.
- Patients ≥18 months meeting all low-risk febrile seizure criteria with identified low-risk source of infection (eg AOM) may stay in village until outpatient appointment available. Ensure close village follow-up.
- Strongly consider medevac if child is not back to baseline, has signs of meningitis, had an atypical seizure, or presented in status epilepticus.

**Box 1: Detailed History**

- When/where did it occur? Awake or asleep?
- What preceded the event (eg head trauma, crying, etc.)?
- How long did it last?
- Ask caregiver to recount, step-by-step, what happened.
- Type of movement and what part of body? Symmetric?
- Interventions?
- Incontinence?
- Behavior after event? How long till back to baseline?

**HPI**

- Intercurrent illness/fevers
- Medications
- Recent intake, including free water and diluted formula
- Ingestions
- Trauma

**PMH**

- Prior history of seizures
- History of breathholding

**Family Hx:** Seizures, febrile seizures, breathholding, etc.

**Box 2: Low risk febrile seizure criteria**

1. 6 months to 5 years of age.
2. Fever present.
3. Seizure generalized (nonfocal).
4. Seizure duration <15 minutes.
5. Child has normal neurologic examination.
6. Child has no history of previous neurologic or CNS abnormality.
7. Only one seizure in a 24 hour period.
8. Child has returned to baseline.
9. No meningeal signs:
  - Irritability or inconsolability
  - Nuchal rigidity
  - Bulging fontanelle
  - Lethargy or somnolence
  - Focal neurologic findings
10. Child has NOT received antibiotics in the past 72 hours.

**Box 3: Work-up**

- Bedside glucose
- EKG for first event
- CBC, BMP, magnesium, phosphate
- Urine drug screen
- Perform LP if persistent altered mental status, meningitis suspected, or <18 months of age and delayed return to baseline.

**Radiological studies:** Obtain head CT without contrast prior to LP if concerning neurologic status, persistently altered mental status, history of trauma, focal neurological findings, or focal seizure.

Consider using the **Bacterial Meningitis Score for Children** to help rule-out meningitis.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.  
Approved by MSEC 8/3/21. Click [here](#) to see the supplemental resources for this guideline.  
**If comments about this guideline, please contact Jennifer\_Hampton@ykhc.org.**