

Provide reassurance and education. Ask parents to video-record future events.

or become more concerning.

Look for source of fever.

Do not routinely perform head CT.

Age <18

months

Age ≥18

months

Diagnose

simple

febrile

seizure.

Clinical Guideline Seizure Evaluation (<18 years)

If patient is actively having a Pediatric patient presents with resolved seizure-like activity. seizure, go to Status Epilepticus Treatment guideline Bedside glucose STAT if seizure occurred <4 hours ago or mental status not at baseline Obtain detailed history. (See Box 1.) Perform neurologic exam. Strong suspicion that event was a seizure? Instruct parents to return if events change, Assess for triggers: infection/fever, missed doses sleep deprivation, significant weight gain, etc. Yes If this seizure is similar to child's regular seizures, child is back to neuro baseline, and reliable caregiver, may Does patient have history of seizures? discharge home. Yes-Review antiepileptic drug regimen and compliance. Confirm that parents have unexpired Diastat with dose Νo pased on current weight. Review seizure precautions, Consult pediatrics with any questions. History of fever? Village Management Yes-Always check blood glucose. Patient meets ALL low-risk Perform work-up as Patients <18 months with first- criteria (see Box 2)? appropriate. time febrile seizure or any (See Box 3.) patient with first-time nonfebrile seizure should come to Bethel for evaluation. Patients ≥18 months meeting Labs: CBC, CRP, BMP, Follow-up with pediatrics all low-risk febrile seizure magnesium, phosphate, for EEG referral and criteria with identified low-risk blood culture, U/A, urine consideration of MRI and source of infection (eg AOM) culture. neurology consult. may stay in village until Consider LP. outpatient appointment available. Ensure close village Consider performing At discharge, prescribe follow-up. LP, given that signs and Diastat for all seizure Strongly consider medevac if LP results, if child is not back to baseline, symptoms of meningitis patients ≥6 months old. applicable may be absent or subtle has signs of meningitis, had an atypical seizure, or presented in in this age group.

Discharge patient if reassuring neurologic status. Educate parents concerning febrile seizure and give febrile seizure education handout. Treat infection and fever if appropriate. EEG unnecessary. Update Problem List. Prescribe Diastat with refills for all seizure patients ≥6 months Consult pediatrics with any questions.

Suspect meningitis: Consult pediatrics.

Start meningitic dose of ceftriaxone and consider vancomycin, acyclovir, and dexamethasone per Pediatric Critical Care Guide.

Strongly consider medevac to Anchorage

Box 1: Detailed History

- When/where did it occur? Awake or a sleep?
- What proceeded the event (eg head trauma, crying, etc.)?
- 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
- Trauma consider child abuse.

PMH

- Prior history of seizures
- History of breathholding

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

Box 2: Low risk febrile seizure criteria

Abnormal-

- 1. 6 months to 5 years of age.
- 2. Fever present.

-Normal-

- 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, pho sph ate
- 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.

status epilepticus.

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 Clinical Guideline Committee 2/9/24. Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact

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