

References

Seizing?: Jerking/twitching, stiffening, staring off, biting tongue, unresponsive, mumbled/slurred speech, rhythmic lip smacking, eye deviation, amnesia, glassy eyes; SUBCLINICAL: Elevated HR and/or BP, changes in breathing

Febrile Sz: Any seizure in ages 6 months* to 6 years in conjunction with fever (> 100.4 F taken by any method) AND without previous afebrile seizure, underlying neuro disease, or CNS infection/trauma

PATIENTS < 6 MONTHS PLEASE USE NEONATAL FEVER ORDER SET AND PERFORM HEAD CT

Afebrile Sz: NOT associated with fever or suspicion of CNS infection

Seizure Breakthrough: Missing dose of medication, outgrowing old dose, acute illness

Dextrose: Hypoglycemia < 60, Treat 5cc/kg D10W

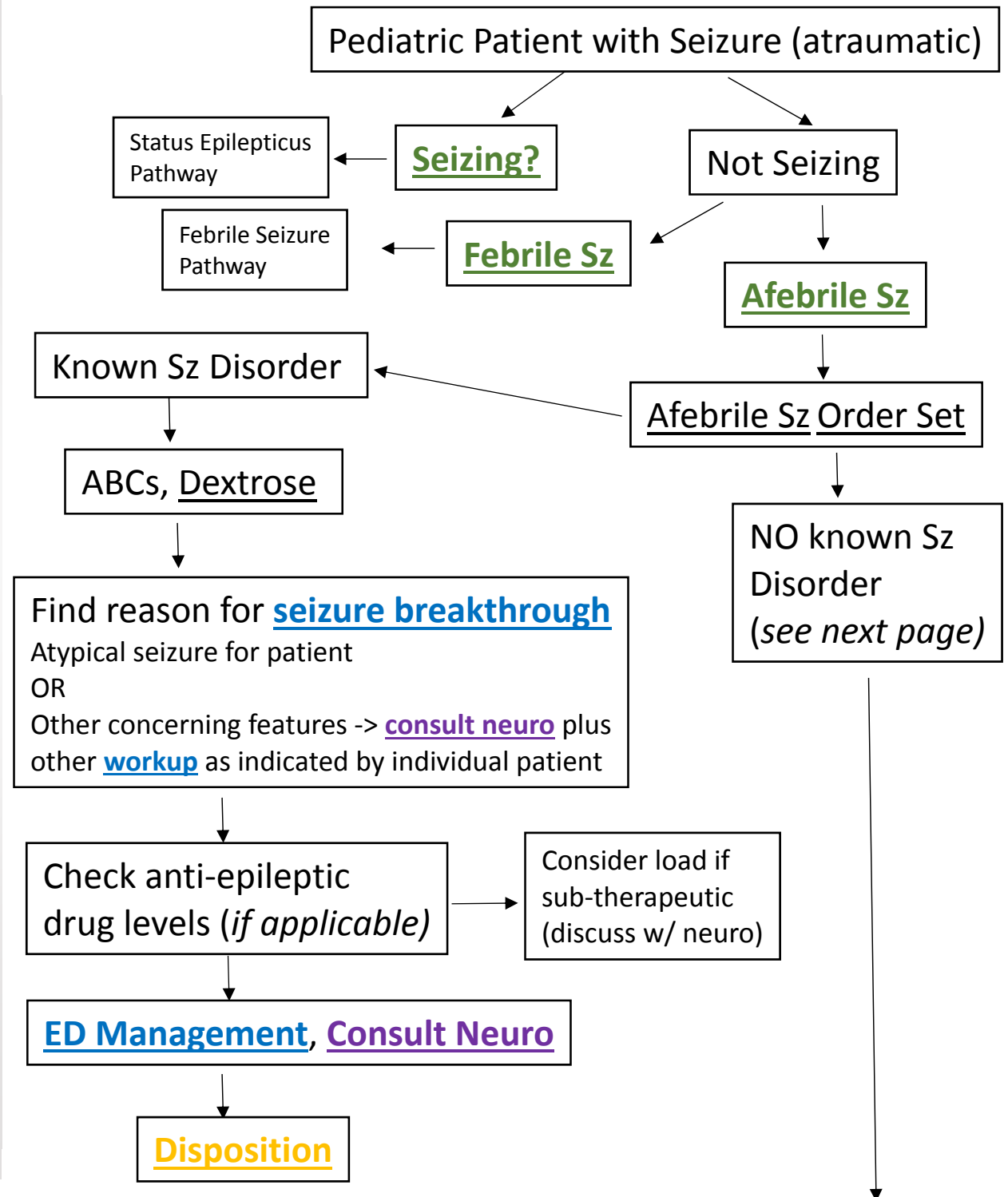
Workup: As indicated by individual scenario for known seizure disorder

ED Management: If it was a typical seizure, and patient back to baseline, other labs and neuroimaging low yield

<https://www.ncbi.nlm.nih.gov/pubmed/10980722>

Neurology Consult: Call patient's neurologist (if applicable). If Nemours patient: 904-697-3600. Otherwise requires inpatient admission for pediatric neurology consultation.

Disposition: Admit all with concerning features, otherwise disposition per neuro consult and/or other workup (if applicable).



References

Concerning Features: Any focality or Todd's paralysis, Total duration > 15 min, Failure to return to neurologic baseline, >4 seizures/24 hrs, required abortive medication, significant developmental delay, Age < 12 months, Signs/symptoms of CNS infection or increased ICP, Patient already on antibiotics, concern for abuse

If Concerning Features: Then STRONGLY consider Neuroimaging (CT or MRI depending on scenario), LP (ensure no increased ICP first), Plus other lab workup, [Neurology Consult \(see first page\)](#)

Hyponatremia: Dehydration, excess water intake, improper formula mixing. Tx: 3% saline bolus IV push at 3-5cc/kg. May be associated with up to 70% seizures in children < 6 mo.

<https://www.ncbi.nlm.nih.gov/pubmed/7793719>

Workup: Ex. CBC, CMP, Mg, Phos, Stool Cx (Shigella, Salmonella, Rotavirus), Blood Cx, UA/UCx, LP Studies, AED levels (if applicable), ABG/VBG.

Limited value to LP in afebrile seizure that resolves with no sequelae.

<https://www.ncbi.nlm.nih.gov/pubmed/11063356>

2-4% of afebrile seizure with abnormalities on neuroimaging. HOWEVER, most of those patients had a focal seizure or abnormal neuro exam.

<https://www.ncbi.nlm.nih.gov/pubmed/19389145>

Disposition: Admit all with concerning features. Can consider dc home if: well appearing, tolerating PO, normal mental status, can assure PCP follow up (first time sz), can assure short term PCP follow up and neuro follow up (not first time sz).

