

## References

**Seizing?:** Jerking/twitching, stiffening, staring off, biting tongue, unresponsive, rhythmic lip smacking, mumbled/slurred speech, 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\*

**Simple:** ALL of the following: Age 6 months to 6 years, < 15 mins, generalized, normal neuro exam, does not recur within 24 hours, self-limited

**Complex:** ANY of the following: > 15 mins, any focality, > 1 within 24 hours

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

**Fever Source:** E.g., pneumonia, URI, UTI, GI source, CNS infection

**Concerning Features (simple):** Age < 12 months, Signs/Symptoms of CNS infection or increased ICP, Partially or unimmunized, already on antibiotics

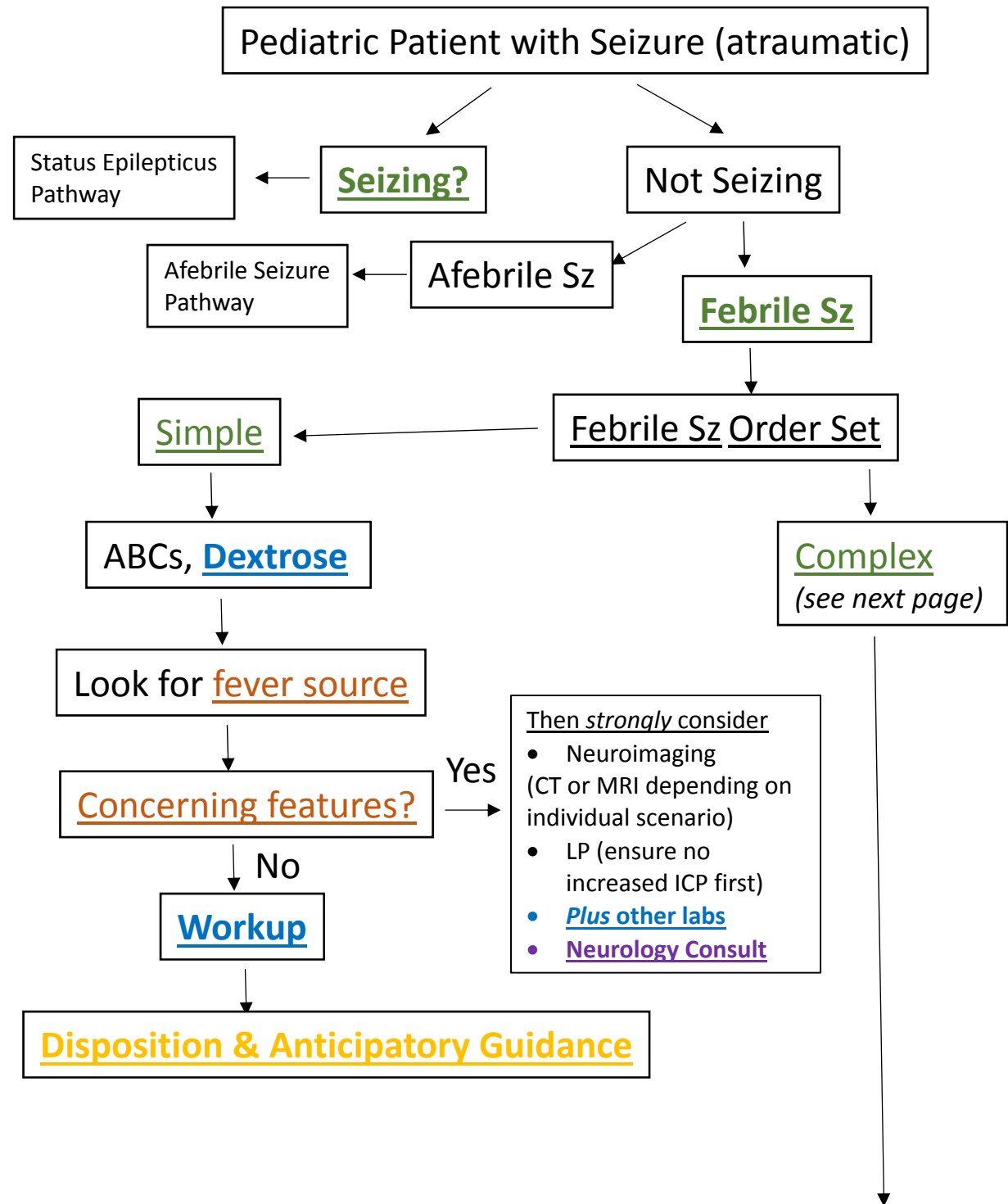
**Workup:** Diagnostic tests for fever source as indicated by H&P, other labs, LP, neuroimaging, & EEG low yield.

<https://www.ncbi.nlm.nih.gov/pubmed/21285335>

**Other Labs:** CBC, CMP, Mg, Phos, Stool Cx (Shigella, Salmonella, Rotavirus), Blood Cx, UA/UCx, AED levels (if applicable), ABG/VBG.

**Disposition & Anticipatory Guidance:** see next page

**Neurology Consult:** See next page



## References

**Complex:** ANY of the following: > 15 mins, any focality, > 1 within 24 hours

**Concerning Features (complex):** 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, Partially or unimmunized, Patient already on antibiotics, concern for abuse

**Workup:** As indicated by H&P and search for fever source. Ex. CBC, CMP, Mg, Phos, Stool Cx (Shigella, Rotavirus), Blood Cx, UA/UCx, AED levels (if applicable), ABG/VBG. Consider LP /neuroimaging.

**Disposition:** Admit all patients with concerning features. Can consider discharge home if: fever source does not require admission, well appearing, tolerating PO, normal mental status, can assure PCP follow up (simple), can assure short term PCP and neuro follow up (complex). No abortive therapy prescriptions required.

**Anticipatory Guidance:** All: Seizure precautions counseling for parents/caregivers. Simple – Affects up to 5% of children, 1/3 will recur, future risk of epilepsy not raised, does not affect IQ/development, anticonvulsants usually risks outweigh benefits, antipyretics do not prevent recurrence, some genetic predisposition, increased risk of recurrence if < 12 months. Complex – High risk of epilepsy than simple.

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

