

**Clinical Guideline:** Afebrile Seizures Site: FPH

* Obtain a clear history from the parent, patient and an eyewitness.
* If they can record them on video or mobile phone.
* History should define factors that may have promoted the convulsion.
* History should define the seizure type, the duration, state of consciousness, presence of aura, behaviour, posture of the patient, presence of cyanosis, vocalisations, loss of sphincter control and the post- ictal state.
* Family history of epilepsy is useful if juvenile onset, past history and history of neurological or developmental problems should be elicited.

History

General Information

* A seizure or convulsion is a paroxysmal time limited change in motor activity and/or behaviour that results from abnormal electrical activity in the brain.
* Epilepsy is a condition characterised by recurrent unprovoked seizures.
* Seizures occur in approximately 10% of children and <1/3 have epilepsy.
* Differential
* Vasovagal teenagers standing long periods, not eating/drinking. Can jerk; can pass urine; are with eye witness
* Behaviour reflex syncope, reflex anoxia, breath holding
* Cardiac FH refer if occurred during exercise

Examination

* ECG
* No Place for EEG or MRI unless recurrent or neurological deficit - please do not recommend one
* (no need for routine U&E,FBC,Ca,Mg)

Investigation

Referral Guidelines – red flag signs

**Consider Referral if:**

Following complete recovery from a brief non- focal first afebrile seizure hospital admission is not required for observation and investigation

1. Age -1 year
2. GCS -15 one hour after the seizure
3. Any evidence of raised intracranial tension
4. Signs of respiratory distress
5. Complex seizure prolonged (i.e. > 15 min), or focal, or recurrent
6. High parent or carer anxiety
* Reassure the parents regarding the attack and give them general advise about the risk of seizures in a measured way, this should include bathing, toileting and swimming encourage them not to sleep in the child’s bedroom.
* Discuss potential triggers such as sleep deprivation.
* Anti-epileptic drug treatment should not be commenced routinely after a first unprovoked tonic clonic seizure.

Vasovagal advice:

* Adequate fluid intake 1-1.5 litres when at school
* Not missing meals including breakfast
* Understanding about not standing still for long periods - hair straightening is a recurrent cause
* Hot baths and getting out of a warm bed in a hurry needs just explanation
* Consider increasing salt intake with a pack of salted crisps as long as normal weight.
* Increase fluids if a warm day or playing sport
* Snacks if playing sport after school
* Regular exercise for those lazy teen girls
* Useful web site is www.stars.org.uk

Advice and Treatment