

**Clinical Guideline:** Febrile Convulsions Site: FPH

* Obtain a clear history from the parent, patient and an eyewitness.
* History should define factors that may have promoted the convulsion, include assessment for possible meningitis or encephalitis.
* History should include a description of the seizure and its length, post ictal phase.
* Neurodevelopment of the child.
* Explore possible causes of the temperature.
* Past medical history should include previous febrile convulsions ( a small group the convulsions are recurrent)

History

* 2% of all children
* Remember that the first sign of an infection is the febrile convulsion in most cases.
* Criteria: 6 months to 6 years of age
* Documented fever
* Generalised convulsion lasting less than 15 minutes
* Neuro developmentally normal child
* Risk of developing epilepsy is 4% (higher if atypical â€“ focal, neuro developmental, prolonged)
* Take care if they have been unwell or had a fever for a few days this maybe meningitis or encephalitis.
* Is it UTI with rigor?
* Does the child have a documented fever if not don’t make a diagnosis of Febrile Convulsions, a new epileptic can be missed and the parents falsely reassured.

General Information

Examination

* Detailed general and neurological examination with emphasis on the following:
* Degree of alertness, evidence of intracranial infection.
* Cause of the temperature
* Neurological exam to detect any focal neurological signs
* Measuring and plotting head circumference, length and weight on the growth chart
* Skin hypopigmented patches, shagreen patches and cafe-au-lait spots

Investigation

MSU (no need for routine U&E,FBC,Ca,Mg)

* Following complete recovery from a brief non- focal febrile seizure hospital admission is not required for further observation and investigation, if the parents are confident and happy to go home (many are not) and all criteria for a febrile convulsion are met
* The cause of the temperature has been determined
* The child will tolerate antipyretics
* Give advice as to what to do if the child has a further Febrile convulsions and a parents information leaflets.

Advice and Treatment

**Consider Referral if:**

* Criteria for a febrile convulsion are not met
* No focus for the fever can be ascertained
* GCS
* < 15 one hour after the seizure
* Any evidence of raised intracranial tension
* Signs of respiratory distress
* Complex seizure â€“ prolonged (i.e. > 15 min), or focal, or recurrent
* High parent or carer anxiety
* Rescue medication has been given

**Follow up in Paediatric clinic if:**

* Prolonged or Recurrent
* Concern that there is not always a temperature
* Neurodelopmental delay had been identified
* Do not give Rectal Diazepam or Buccal Midazolam unless febrile convulsions are prolonged and frequent. It should be dispensed if any child has febrile status. These children need follow up in paediatric clinic

Referral Guidelines – red flag signs