ပြည်ထောင်စုမြန်မာနိုင်ငံ၊ အထူးဒေသ(၁) ကျန်းမာရေးဌာန

缅甸联邦第一特区卫生部

The Union of Myanmar, SR(1) Department of Health

Febrile Seizures

Standard Operating Procedure (SOP)

Contents

Febrile Seizures

Definition

Seizures occurring in association with fever in children between 6 months and 6 years of age, in whom there is no evidence of intracranial pathology or metabolic derangement

Diagnosis

Following criteria are consistent with febrile seizure (FS):
Seizure

- *Usually within 24 hours of onset of fever*
- *Type-Generalized tonic/clonic*
- *Duration-Less than 15 minutes*
- *Post-ictal state-Well and alert without any neurological deficit*
- *Usually one seizure during one febrile episode*

There may be past history or family history of FS.
FS should be diagnosed after exclusion of other causes of fever with seizure especially CNS infections.

Classification

	Simple FS	*Complex FS*
Duration	*<15 mins*	*>15 mins*
Type	*Generalized*	*Focal*
Recurrence	*Not recur during one febrile episode*	*More than one seizure during one febrile episode*

Investigations

- *Most FS follow acute viral infection and therefore investigations are usually not necessary.*
- *Appropriate investigations should be done only when underlying infection is suspected or to rule out CNS infection.*

Management Outline

- *Assess ABC and check RBS*
- *Control seizure if more than 5 minutes*
- *Consider CNS infection and lumbar puncture and manage accordingly if:*

  - *First febrile seizure under 1 year old*
  - *Any features suspicious of meningitis or encephalitis*
  - *Features of Complex FS especially if first attack*
  - *Persistent lethargy or if the child is ill*
  - *if already received treatment with antibiotics*
- *Control fever*
  - *Antipyretics may improve the comfort of the child, but they will not prevent febrile seizures.*
- *Advise parents*
  - Benign nature
  - *First aid measures*
- *Prevention of recurrence*

  Generally not recommended because
  - *The risks and potential side effects of antiepileptic medications outweigh the benefits.*
  - *No medication has been shown to prevent the future onset of epilepsy.*

Counseling

Following are helpful for counseling:

The general risk of recurrence - about 30-40% after a first FS

- *Risk factors for recurrent FS*
  - *Family history of FS in 1st degree relatives*
  - *Early onset (<1 year)*
  - *Low grade fever during 1st FS*
  - *Brief duration (<1-2 hour) between onset of fever and seizure*
- *The calculated relative risk of recurrence*
  - *4% if no risk factors*
  - *23% in patients with one, 32% in patients with two, 62% in patients with three, and 76% in patients carrying all four risk factors*

Risk of epilepsy - 2-7% after a first Fs

- *Risk factors for epilepsy*
  - *Family history of epilepsy in 1s degree relative*
  - *Underlying neurodevelopmental abnormality*
  - *Complex febrile seizures*
- *The calculated relative risk*
  - *2% with one risk factor*
  - *Up to 10% with two or three risk factors*