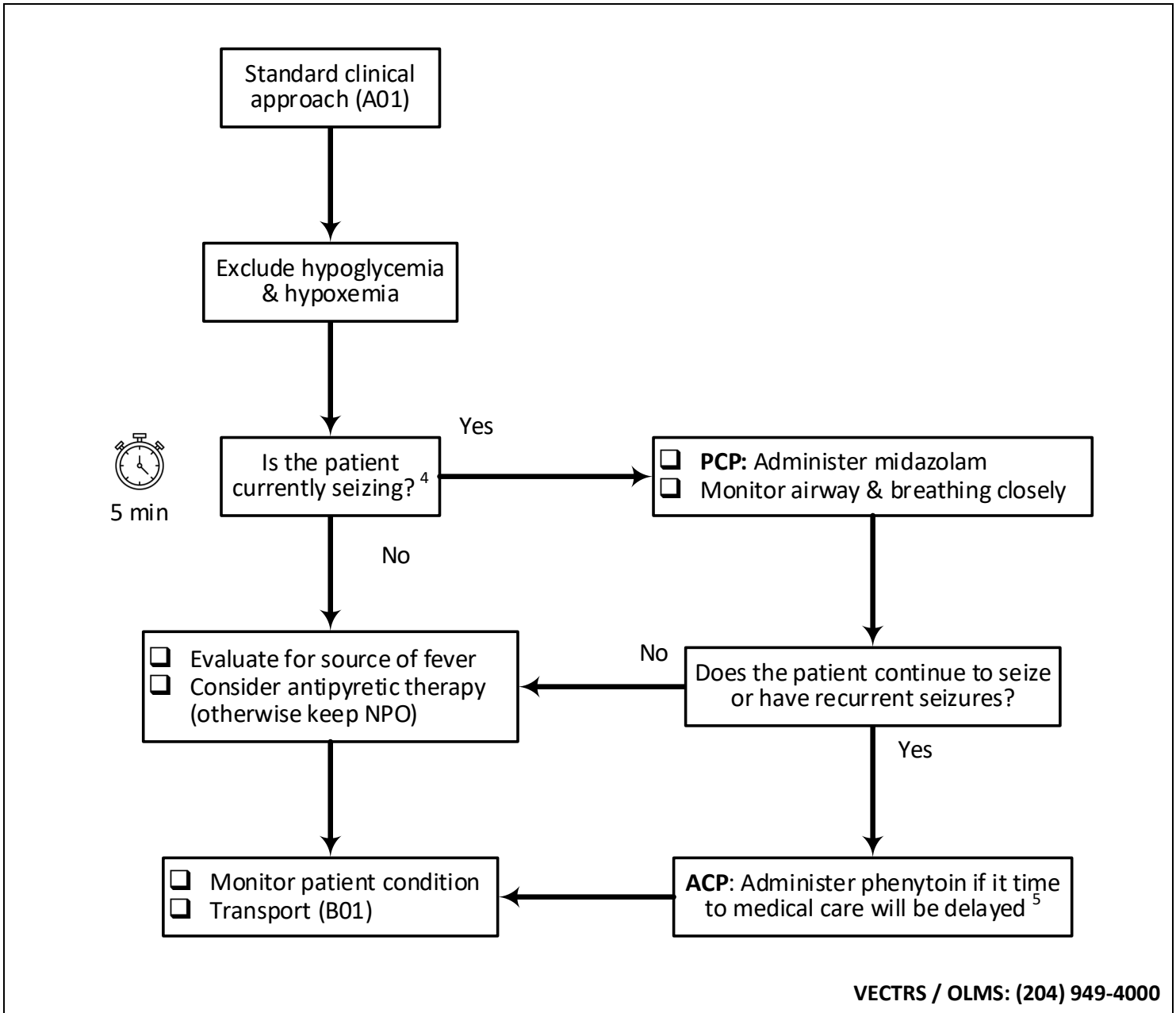
 Shared health Soins communs Manitoba	E13 - FEBRILE SEIZURE (PEDIATRIC)		
	Version date: 2025-03-20		Effective date: 2025-04-30 (07:00)
PCP = PCP - ACP ICP = ICP & ACP ACP = ACP only None - EMR - ACP			



INDICATIONS

- Seizure associated with fever or a febrile illness in an infant or child (6 months and 6 years of age)

WARNINGS

- For seizures not associated convulsions refer to E14



NOTES

1. A *febrile seizure* is defined by all of the following criteria:
 - The patient is older than 6 months but younger than 6 years.
 - It is associated with a temperature greater than 38 degrees Celsius.
 - There is no evidence of an acute systemic metabolic abnormality (e.g. hypoglycemia, hypoxemia).
 - There is no evidence of central nervous system infection or inflammation (e.g. meningitis, encephalitis).
 - There is no prior history of epilepsy or seizures without fever.
2. A *simple* febrile seizure is defined as a single seizure of brief duration accompanied by a rapid return to baseline consciousness and cognitive function. The convulsive activity usually lasts less than 5 minutes and is most commonly generalized tonic-clonic, but atonic or tonic seizures occur in about 20% of children. It may be associated with a brief period of postictal agitation or confusion, but there is a rapid return to a normal level of consciousness. By definition it is limited to a single episode in a 24 hour period.

A *complex* febrile seizure may be focal in onset, a little longer in duration, or consist of more than one episode in 24 hours. With multiple seizures there is always a return to neurological baseline in between the episodes. These are more likely to be associated with younger age or abnormal development.

Uncomplicated febrile seizures generally have a benign course, but can recur with future episodes of fever. There is a marginal increase in the risk of future epilepsy, but an excellent prognosis for a continuing normal health and development.
3. *Febrile status epilepticus* (FSE) is an uncommon condition consisting of continuous seizures or multiple episodes without neurological recovery in between. FSE can be difficult to recognize. With *nonconvulsive* FSE there may not be obvious tonic-clonic activity, but a persistent decrease in level of consciousness and / or eye deviation should heighten suspicion. Prolonged convulsive activity can result in neurological injury, there is an increased risk of future epilepsy, and an unexplained small increase in sudden death.
4. Most benign febrile seizures are usually resolved by the time of EMS arrival and it is usually difficult to initially differentiate FSE from a complex febrile convulsion. So, any episode lasting longer than 5 minutes should be considered for prompt anticonvulsant therapy with a benzodiazepine. Watch for respiratory depression, hypoxemia and airway compromise after administration.
5. Failure to respond to first-line therapy with a benzodiazepine requires second-line therapy. Phenytoin is one of the most commonly used agents.

LINKS	
<ul style="list-style-type: none"> • E14 - Seizure & Status Epilepticus • M02.1 - Acetaminophen • M02.2 - Ibuprofen • M07.1 - Midazolam • M35 - Phenytoin 	

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X05 for change tracking)
<ul style="list-style-type: none"> • Addition of advanced (ACP) work scope identifier • Revised notes & flow chart for greater clarity & ease of use • Additional information regarding complex febrile seizure and febrile status epilepticus