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Febrile seizure guidelines 2016

SummaryFebrile seizures are usually self-limiting; increased risk of developing epilepsy is low except in a small number of cases.Most febrile seizures resolve spontaneously and quickly, and do not require acute or long-term anticonvulsant treatment.The American Academy of Pediatrics announced a standard definition of febrile seizures as a seizure occurring in febrile children between the ages of 6 and 60 months who do not have an intracranial infection, metabolic disturbance, or history of afebrile seizures.[1]Capovilla G, Mastrangelo M, Romeo A, et al. Recommendations for the management of "febrile seizures": Ad Hoc Task Force of LICE Guidelines Commission. Epilepsia. 2009 Jan; 50(suppl 1):S2-6. The first occurrence is usually before 3 years of age but is infrequent in children under 6 months. Febrile seizures have a peak incidence at 18 months of age and are most common between 6 months and 5 years. Most febrile seizures are simple with approximately 20% to 30% being complex.[2]Shinnar S, Glauser TA. Febrile seizures. J Child Neurol. 2002 Jan;17(suppl 1):S44-52. The 2006 report by the International League Against Epilepsy Task Force on Classification and Terminology of Epilepsy and Epileptic Syndromes proposed a change in terminology and the omission of the words "convulsion" and "convulsive." They suggested that the term "febrile convulsions" be replaced by "febrile seizures."[3]Fisher RS, Cross JH, French JA, et al. Operational classification of seizure types by the International League Against Epilepsy: position paper of the ILAE Commission for Classification and Terminology. Epilepsia. 2017 Apr;58(4):522-30. Further changes in 2017 included replacing the term "benign" with "self-limiting."More key diagnostic factorstemperature elevationyoung agemale sexfamily history of febrile seizuresviral or bacterial infection outside the central nervous systemvaccinationsprenatal exposure to nicotineiron deficiencycomplications of pregnancy, labor, and deliveryProfessorDepartment of NeurologyUniversity of Virginia Health SystemCharlottesvilleVADisclosuresRSR declares that he has no competing interests.Use of this content is subject to our disclaimer The effect of the guidelines for management of febrile seizures 2015 on clinical practices: Nationwide survey in Japan. Tanaka M, Natsume J, Hamano SI, Iyoda K, Kanemura H, Kubota M, Mimaki M, Nijijima SI, Tanabe T, Yoshinaga H, Kojimahara N, Komaki H, Sugai K, Fukuda T, Maegaki Y, Sugie H, Tanaka M, et al. Brain Dev. 2020 Jan;42(1):28-34. doi: 10.1016/j.braindev.2019.08.009. Epub 2019 Oct 8. Brain Dev. 2020. PMID: 31604594 Written and peer-reviewed by physicians—but use at your own risk. Read our disclaimer.Last updated: March 8, 2021SummaryFebrile seizures are one of the most common pediatric emergencies and are usually associated with high fever in children between six months and five years of age. The exact pathophysiology is unknown. Simple febrile seizures are the most common type; they are usually generalized, last under 15 minutes, and do not recur within 24 hours. Complex febrile seizures have a focal onset, last longer than 15 minutes, or recur within 24 hours. Diagnostic examination of simple febrile seizures focuses on addressing the cause of fever. Further diagnostics are required for patients with complex febrile seizures, particularly to exclude herpes encephalitis, and include lumbar puncture, CT scan, and/or EEG. Most febrile seizures end spontaneously and do not require any treatment. If seizures persist after five minutes or present as complex febrile seizures, however, IV benzodiazepines are the treatment of choice. Caregivers should be reassured as the prognosis of febrile seizures is good, with the risk of epilepsy being less than 10%. Definition Epidemiology Epidemiological data refers to the US, unless otherwise specified.Pathophysiology High fever (> 40°C (104°F)) Viral infection (e.g., HHV-6, influenza) Clinical features Diagnostics Differential diagnoses The differential diagnoses listed here are not exhaustive.TreatmentUncomplicated seizures usually resolve after a few minutes spontaneously.seizures Reassure caregivers and provide information After a febrile seizure, initiate antipyretic therapy (NSAIDs and acetaminophen) at an early stage (temperatures from 38°C (100.4°F)) as they restore the central thermoregulatory setpoint back to normal by reducing the synthesis of prostaglandin E2. Febrile seizures primarily occur during the rise in temperature; therefore, prophylactic measures are often too late because a seizure cannot be anticipated! Long-term continuous or intermittent prophylaxis with anticonvulsant drugs (e.g., phenobarbital) or diazepam is not recommended. Prognosis ReferencesMillichap JJ. Clinical Features and Evaluation of Febrile Seizures. In: Post TW, ed. UpToDate. Waltham, MA: UpToDate. updated: March 3, 2017. Accessed: March 29, 2017.Baumann RJ. Pediatric Febrile Seizures. In: Kao A, Pediatric Febrile Seizures. New York, NY: WebMD. . Updated: November 17, 2016. Accessed: May 11, 2017. Graves RC, Oehler K, Tingle LE. Febrile seizures: risks, evaluation, and prognosis. Am Fam Physician. 2012; 85 (2): p.149-153. Childhood Vaccines and Febrile Seizures. . Updated: June 20, 2016. Accessed: May 11, 2017. Subcommittee on Febrile Seizures. Febrile Seizures: Guideline for the Neurodiagnostic Evaluation of the Child With a Simple Febrile Seizure. Pediatrics. 2011; 127 (2): p.389-394. doi: 10.1542/peds.2010-3318 . | Open in Read by QxMD Millichap JJ. Treatment and Prognosis of Febrile Seizures. In: Post TW, ed. UpToDate. Waltham, MA: UpToDate. updated: March 7, 2017. Accessed: May 11, 2017.

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