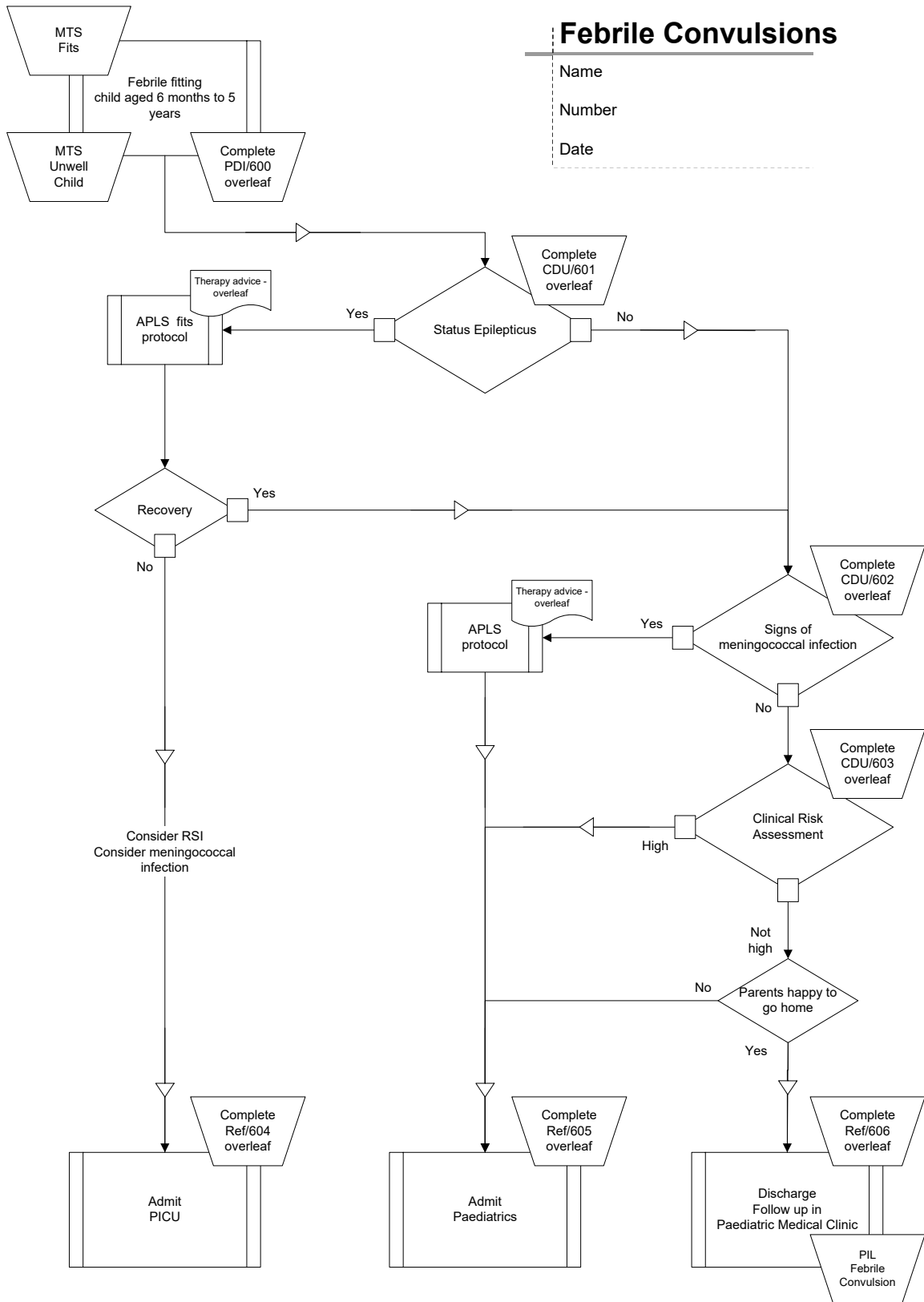


# Febrile Convulsions

Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Date \_\_\_\_\_



Produced By:	Kaz Potier	Protocol number	2009-60 v 2.0
Authorised By:	Consultants Emergency Department	Date of issue	18/6/2009
Approved By:	Lead Clinician Children's Emergency Medicine	Date of review	17/6/2012

**PDI/600: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (All Yes)**

Fitting is the primary complaint	Yes	No
Febrile (temp >38)	Yes	No
Age 6 months to 6 years	Yes	No
No need for immediate resuscitation	Yes	No

Order: T, P, R, SaO<sub>2</sub>, Glucose, Weight

**CDU/601: STATUS EPILEPTICUS (Any Yes)**

Continuous fitting for 20 minutes or longer	Yes	No
Serial fitting with no full recovery between fits	Yes	No

**Treatment Advice**

**ABC:** Maintain airway once the tonic phase of the fit has passed. High-flow oxygen should be given and IV access should be obtained in all cases of status. Check BM and correct any hypoglycaemia.

**Immediate treatment:** If IV access → Lorazepam 0.1 mg/kg (max 4mg). Repeat at 10 minutes if fitting has not stopped.

No iv obtained → Buccal Midazolam 0.5mg/kg

Diazepam 0.5 g/kg (max 10mg) rectally can also be given. This can be repeated once.

**Further treatment:** If fitting continues → Paraldehyde 0.4 ml/kg (max 10ml) rectally made up in olive oil.

After 10 min → phenytoin (or fosphenytoin) 18 mg/kg infusion over 20 min if fits have not stopped.

If the child is still fitting call anaesthetics for RSI.

**CDU/602: SIGNS OF CNS INFECTION (Any Yes)**

Non-blanching purpuric rash	Yes	No
Neck stiffness	Yes	No
Photophobia	Yes	No

**Treatment Advice**

**Resuscitation:** The airway should be maintained and high-flow oxygen should be given by non-rebreathing face mask. IV access should be obtained immediately (or IO) and shock treated with fluid boluses of 20 ml/kg colloid.

**Antibiotics:** Blood cultures should be taken and IV ceftriaxone 50mg/kg (max 1g) or cefotaxime 100 mg/kg (max 2g) must be given immediately.

**CDU/603: CLINICAL RISK ASSESSMENT POST FEBRILE CONVULSION (Any Yes)**

Altered conscious level at 1 hour	Yes	No
Further fits	Yes	No
Inappropriate behaviour for age	Yes	No
No cause for pyrexia identified	Yes	No
First fit	Yes	No
Worried parents	Yes	No

High if any Y

<b>Ref/604:</b> Referral to PICU approved	
<b>Ref/605:</b> Paediatric referral and admission approved	
<b>Ref/606:</b> Suitability for discharge and OP follow up agreed	

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