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Febrile Seizure

NURSING CARE MANAGEMENT



Nurseskills

Febrile child >38°C (avoid paracetamol until temp determined)

Rapid nursing assessment – 15 minutes to see,
60 minutes to medical assessment and treat!!
Blood cultures, FBC, CRP, U&E LFT, coag if appropriate

Start antibiotics (within 60 minutes of arrival)

Neutropenic or likely neutropenic (do not wait for FBC). First line antibiotics:
•Tazocin 90mg/kg dose four times a day (max 4.5g/dose)
•Gentamicin 7mg/kg once a day (max 500mg/dose)

Not neutropenic:
•Tazocin 90mg/kg dose four times a day (max 4.5g/dose)

Review at 48 hours. If blood cultures are negative and patient clinically well, stop Gentamicin and continue Tazocin until afebrile for 48 hours
If patient remains pyrexial and has a central line in situ add Telcoplanin (10mg/kg (max 400mg), 12 hourly for 3 doses then once daily)
If chest symptoms/signs consider CXR and azithromycin

Review at 72 hours. If patient remains febrile/unwell change Tazocin to Meropenem, (20mg/kg three times a day, can increase to 40mg/kg three times a day, max 2g per dose). Continue Gentamicin

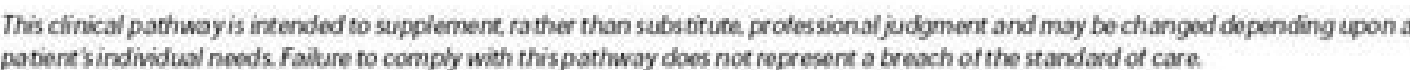
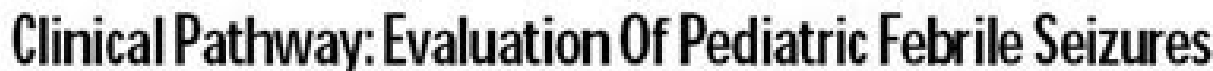
Persistently pyrexial at 5 day
Add Ambisome 3mg/kg/ once a day
Consider additional investigations

Blood cultures negative

Blood cultures positive

Stop antibiotics once afebrile 48 hours with normal/decreasing CRP

Complete treatment according to organism grown – patient must be well and afebrile 48-72 hours before stopping antibiotics



Intervention	Recommendation
Birth procedure	Younger than 12 months - should be strongly considered. Between 12 and 18 months - should be considered. Older than 18 months - not routinely recommended without suspicion of intrauterine infection.
BC	Prior antibiotic treatment - should be strongly considered.
BC + oral cefixime	May be useful in the evaluation of fever.
EG	Not routinely indicated in infant with septic shock or other potentially life-threatening septic or inflammatory conditions.
Immunisation	Not routinely indicated.

Philippine pediatric society clinical practice guidelines febrile seizure

Director of the Epilepsy and Neurophysiology, Texas Children's Hospital James J. Rivello, Jr, MD is a member of the following companies: American Academy of PediatricsClosure: [Crossref] [Google Scholar] 52. 2014; 23 (4): 676 Å € € 685. 2017; 76: 72 Å € "78. The relationship between iron deficiency and feverish convulsion: a case-control study. [PubMed] [Crossref] [Google Scholar] 41. Epilepsy Genå With febrile convulsions more: C. C. sidaletnaP. M uodirtizT. E uodilvaP. ortcspæ o DNA DLIhc fo tmemtraped, Tnatlusnoc Elatocssa Roines Å.DHP, DM, KCAM J Hennek. 1102. cni. Streikslibup Eneics Avon: YN, KROY WEN. 09-) 21 (92; 5102. 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[PMC Free Article] [PubMed] [Crossref] JralohcS JralohcS elgooG JdeMbuP Jclcitra eerf CMP J .gnitisiv rof sknahT .yspelipe fo tnmepoleved rof dna noisluvnoc elirbef fo ecnerrucer rof srotcaf ksir eht fo tnmessesa na .yekruT .iresyaK ni noisluvnoc elirbef fo ecnelaverp eht gnitagitsevnI .32JralohcS elgooG JdeMbuP Jclcitra eerf CMP J .47.2.95.6102.pjk/5433.01Å Å:iod.60ZÅÅ€991 .la te .P nawK .L muaB .SB naireaH .la te .A ivazahG .E yroobaS .P roopiloH G .sisylana-atem dna slairt dellortnoc dezimodnar fo weiver citametsys A .74JralohcS elgooG JdeMbuP J .DA suluB .M uigoliremÅAaraK .B ZÅAgarakkÅAÅyÅAAB .O rimeZÅÅ .OA laskÅÅK .S sadnamuK .F ilamIE .H sumuG .H reP .M talopnaC .teneG loruE N .B elliveN .G nossiN .E llenreF .S mÅAArtsdnul .C grebliG .93JralohcS elgooG JfeRssorC JdeMbuP JorueN lsnaT nilC nnA .77JralohcS elgooG JfeRssorC JdeMbuP .04JralohcS elgooG JdeMbuP .42JralohcS elgooG JdeMbuP J .9240165183703880/7711.01Å Å:iod .05422180508166621X3122781/4712.01Å Å:iod 8102. 901JralohcS elgooG JdeMbuP Jclcitra eerf CMP J .snoitaçilpmi dna weivrevo :seruzies elirbef doohdlihcC .lluB seR niarB .emordnys etteruoT fo ksir esaernci snoisluvnoc elirbeF .13JralohcS elgooG JfeRssorC JdeMbuP Jclcitra eerf CMP J .noissimmoC senilediuG ECIL fo ecroF ksaT coH dÅ .ÅÅÅ€seruzies elirbefÅÅÅ€ fo tmemeganam eht rof snoitadnemmoceR .FJ ul .JL nil .JH nehC .SJ gnaW .SJ gnaIL .LK gnuH .M rednavel .dnuS .E nitseW .7645ÅÅÅ€7545-)8(35;6102 .SJ rallIM .9463ÅÅÅ€6363-)13(33;5102 .161ÅÅÅ€921-)1(52;4102 .la te .A thkorhahS .RM ifarhsA .A idabahahS-eraZ .sulp seruzies elirbef htiw yspelipe dezilareneG .5360-5102.sdep/2451.01Å Å:iod .55JralohcS elgooG JfeRssorC JdeMbuP J .36JralohcS elgooG JfeRssorC JdeMbuP J .72JralohcS

23/1/2019 · The "classic" ketogenic diet is a special high-fat, low-carbohydrate diet that helps to control seizures in some people with epilepsy. Doctors usually recommend the ketogenic diet for children whose seizures have not responded to several different seizure medicines. 1/4/2019 · A febrile seizure is a seizure occurring in a child six months to five years of age that is accompanied by a fever (100.4°F [38°C] or greater) without. ... A febrile seizure, also known as a fever fit or febrile convulsion, is a seizure associated with a high body temperature but without any serious underlying health issue. Febrile seizures affect 2-10% of children [2] and are more common in boys than girls. They most commonly occur in children between the ages of 6 months and 5 years although some authorities suggest that the ... Referral guidelines and forms are available to assist physicians in the evaluation and management of pediatric patients. Developed by CHOC physicians, in partnership with community physicians, these guidelines provide you with useful information in working up your patients, and contribute to making the appointment itself most meaningful by having the right clinical ... MMRV vaccination resulted in 1 additional febrile seizure for every 2300 doses compared with separate MMR and varicella vaccination. 38 Children in the studies were mostly 12-23 months of age. In the United States, post-marketing studies did not find an increase in fever or febrile convulsions after children received the 2nd dose of ProQuad (MMRV) vaccine. Clinical Practice Guidelines. Evidence-based decision-making tools for managing common pediatric conditions. ... Febrile Seizures: Guideline for the Neurodiagnostic Evaluation of the Child With a Simple Febrile Seizure Subcommittee on Febrile Seizures Doi: 10.1542/peds.2010-3318 Multiple Seizure Types. Seizure types in LGS include tonic, atonic or drop attacks, atypical absence, myoclonic, and generalized tonic-clonic seizures starting in childhood. Seizures begin in childhood but different types may emerge over time. Focal (one area of the brain) seizures become more common in teens and adults. A Characteristic EEG ... Guidelines for Healthy Eating and Junk Food. 2. Guidelines for Normal Sleep and Physical Activity. 3. Guideline for Dental Care, Diapers, and Clothing. 4. Guidelines for Prevention of Accidents and Injuries. 5. Screentime Guidelines for Parents. 6. Guideline for School and My Child: Parental Concerns Regarding Schooling. 7. Guideline for Toys ... 10/11/2011 · Click for pdf: Approach to Pediatric abdominal pain General Presentation BACKGROUND Abdominal pain in a child is one of the most common presentations with both trivial and life-threatening etiologies, ranging from functional pain to acute appendicitis. The majority of pediatric abdominal complaints are relatively benign (e.g. constipation), but it is ...

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