Appendix A:

Emergency Management of Febrile Seizure in Children

**Simple febrile seizure**
- Full recovery
- Child appears well

**Complex febrile seizures**
- Prolonged seizure
- Seizure reoccurred within 24 hours of same illness

1. Consider differential diagnosis
2. Investigate further:
   - Urinalysis
   - CBC, differential
   - CXR
   - Blood culture
3. Lumbar puncture to be considered if:
   - Meningitis is being questioned
   - Meningeal signs are present
   - No clear source of fever
   - If the child is less than 12 – 18 months
   - Received antibiotics prior to seizure
4. Admit for observation
5. +/- Antibiotics

**Active seizure treatment:**
- Buccal midazolam 0.5mg/kg; max dose 10 mg
- Diazepam 0.5mg/kg per rectum; max dose 20 mg
- Lorazepam 0.1mg/kg per rectum if no IV; max dose 4mg

Focus of infection able to be identified

Unable to identify focus of infection on examination

Consider further investigations:
- Urinalysis
- CBC, differential
- CXR
- Blood culture

Give parent or caregiver home care instructions on discharge