Croydon NHS
Primary Care Trust
Clinical Assessment Service

Uncontrolled Fever/Febrile convulsion

Management

Primary Care management includes

- **Criteria for admission (mainly to exclude meningitis) are detailed urgent admissions section.**
- Reassure carers: febrile convulsions are benign, but they may recur.
- Advise on controlling high temperatures. There is no evidence that this will prevent a recurrence of febrile convulsion, but it will ease symptoms of fever. High temperature is best reduced by giving paracetamol or ibuprofen and by keeping the child cool. Fanning and tepid sponging are likely to cause discomfort and are of little benefit.
- Rectal diazepam is rarely needed to terminate febrile convulsions because they are usually short lived. It is occasionally needed for emergency management of a prolonged seizure (longer than 15 minutes). It should not be given if the seizure has settled. Home use should be advised only on specialist assessment.
- Prophylactic treatment (intermittent oral or rectal diazepam during febrile illness or regular oral anticonvulsant) should be initiated only after specialist assessment.
- Vaccination is not contraindicated, but advice should be sought from a paediatrician in case any monitoring is needed. Vaccination is rarely followed by a febrile convulsion, but there is no association with any long-term adverse consequences:

When to refer

Emergency [discuss with on-call specialist]

Admission is recommended if any of the following factors are present

- Age under 18 months (may have meningitis without meningeal signs)
- Signs of meningitis (neck stiffness, Kernig's sign, Brudzinski's signs):
- Kernig's sign: pain restricts leg straightening when supine and holding the thigh flexed to a right angle
- Brudzinski sign 1 (contralateral reflex, contralateral sign): when lying supine passive flexion of one leg results in a similar movement in the opposite leg
- Brudzinski sign 2 (neck sign): knees and hips flex involuntarily when the neck is flexed while supine
- Child is drowsy, irritable, or systemically unwell
- Recent or current treatment with antibiotics (because partially treated meningitis may not have meningeal signs)
- Complex convulsion (i.e. lasting longer than 20 minutes; or with focal features, e.g. jerking affecting only one limb; or repeated in the same episode of illness; or with incomplete recovery within 1 hour)
- Early review by a doctor at home not possible
- Inadequate home circumstances
- Carer anxious or unable to cope
- The cause of the fever requires hospital management in its own right

Most children with a first febrile convulsion do not need to be admitted. The main concern is the possibility of missing a more serious diagnosis such as meningitis.

Refer to CAS

- The diagnosis of febrile convulsion is in doubt
- The cause of the fever is in doubt
- Febrile convulsions have been severe, or complicated and prophylactic treatment might be indicated.
- The child might be at increased risk of epilepsy, for example, having a nuerological or developmental condition or because there is a history of epilepsy in parent or sibling.
- The parents require additional reassurance that the child is not at risk of dying or of serious complications

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.