



Febrile Convulsions

Febrile fitting is very frightening and common condition in children. Fits occur in children between the ages of 6 months and 6 years and are associated with a fever (>38) in the absence of a CNS infection or electrolyte imbalance.

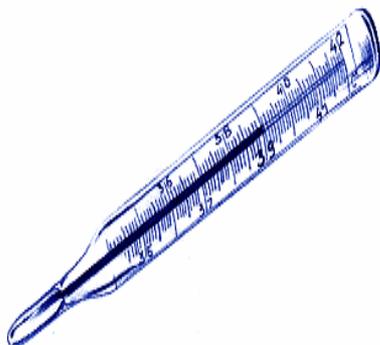
Fits can occur before the fever is apparent and early or late in the illness. They are usually brief and generalised, with shaking of the limbs and rolling of the eyes. In 87% of children a fit lasts less than 10 mins and 30% will have a fit in subsequent illnesses (risk factors for recurrence include family history of febrile fits, shorter duration of temp prior to fit, and onset before 18 months). Febrile status epilepticus (lasting over 20 mins) occurs in 5% and is more likely to have focal features. It is also a risk factor for further attacks.

Who will get epilepsy?

More likely in those with complex febrile fits (ie duration >15 mins, focal features, and recurrence in 24 hours), neurological abnormality, family history of epilepsy, and short duration of fever prior to seizure. Of kids with no risk factors 2.4% develop epilepsy by 25 years of age, compared to a risk in the general population of 1.4%.

Management of fit

- simple cooling, placing child in area of safety and in recovery position.
- there is no evidence that regular paracetamol and ibuprofen used rigorously to reduce a temp will prevent a fit
- meningitis is rare (0.23% in kids presenting with fever and seizures). Bacterial meningitis is present in up to 18% of those presenting with febrile status hence antibiotics should be given early in this situation.



Special points of interest:

- Febrile convulsion is the commonest seizure disorder
- It is a benign condition with normal cognitive outcome
- It recurs in one third of kids and has a low risk of subsequent non-febrile epilepsy
- One quarter of kids with febrile fits have family history of febrile fits
- Parental reassurance and education crucial



Methods

Retrospective audit

Sample: 30-50 Emergency Department patient records

Criteria

Inclusions: All patients aged 6 months to 5 years (inclusive) with a primary diagnosis of febrile convulsion

Exclusions: All patients aged under 6 months or over 5 years, or presenting with another medical condition

Please ensure you register the audit with your Trust Clinical Audit Department

Notes can be obtained by computer search of the ED database. The coding system on the back of the ED cards should be searched using the terms:

The search should be limited to children aged 6 months to 5 years (inclusive), and should extend over a sufficient period to include the 30 most recent obtainable events as a minimum. Contact the ED information manager to obtain a list of case notes matching these criteria.

Cards may only be physically kept in the department for a couple of weeks and then sent for scanning and archiving electronically. This can take up to 4 weeks.

Once you have the cards for the relevant patients then you need to record the data in an accessible way. This should be entered into the excel spreadsheet that contains all the relevant cells and formulae. For some of the items on the spreadsheet you may want to include a number of options. To maintain a consistency between rolling audits we ask that you stick to the approved list of criteria.

Work plan

Week 1-2, background reading and ordering case notes

Week 3-4, accessing records and entering data onto spreadsheet

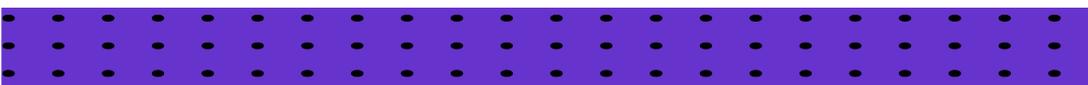
Week 5-6, preparing the Powerpoint presentation of your findings

Presentation of findings

The data should be collated and then presented using the associated PowerPoint presentation with the new data entered.

Data **MUST** then be uploaded onto www.st-emlyns.org.uk as instructed. Please obtain password from your audit lead.

For further information contact:



How to upload the audit data

- www.stemlyns.org/admin
- Username and Password
- Select Appropriate Audit Title
- Select EDIT RESULTS next to appropriate date
- Enter results and CONTINUE
- FINISH
- LOG OUT

% of standard attained

95%



85-94%



<85%



Criteria	Standard (%)	Standard achieved Locally (%)	Standard Achieved Regionally (%)	Standard Met?	Status
Triaged as Orange if temp >38.5 deg C.	100				
BM measured within 5 mins of arrival	100				
Temp measured within 5 mins of arrival	100				
Antipyretic given within 10 mins unless already given	100				
Documented examination for signs of meningitis	100				
All children admitted after first episode of convulsions	100				
Patient information given and documented if discharged from the ED	100				

