

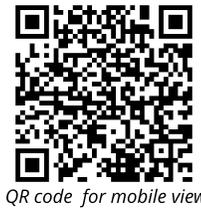
Seizure: First Non-Febrile

Associated Power Plans: EDP First Nonfebrile Seizure Pathway;
Discharge Seizure Rescue Medications Pathway



Children's Mercy
KANSAS CITY

Evidence Based Practice



QR code for mobile view

Exclusion Criteria

- < 3 months of age
- Unimmunized or under-immunized if < 6 months of age
- Concurrent fever, refer to the [Febrile Seizure Clinical Pathway](#)
- Presenting in status epilepticus (*seizure lasting longer than 5 minutes*), refer to the [Status Epilepticus Initial Management Clinical Pathway](#)
- Concerns for [epileptic \(formerly infantile\) spasms](#) (consult Neurology as soon as possible)
- Significant CNS event or surgical intervention within past two weeks; if applicable, refer to the [Shunts \(Neurosurgical\); Infection and Malfunction Clinical Pathway](#)

Off Guideline. Treat underlying cause

Provoked Seizure

- Electrolyte imbalance
- Toxic ingestion or recent medication changes
- History of head trauma or concern for non-accidental trauma (NAT)
- Concern for meningitis

Neurological Baseline

- 4 - 6 hours is a reasonable amount of time for a child to return to baseline following a first unprovoked seizure
- If a child has been treated for seizure (*benzodiazepine or other*), the recovery period will be affected

- Consult Neurology
- Continue medical stabilization and workup as needed (*CBC, BMP, consider urine drug screen*)

Infant or child presents with a first non-febrile seizure

Consider the seizure semiology.
If not consistent with epileptic seizure, see [alternative diagnosis](#)

Was the seizure provoked?

No

Is the child well-appearing and back to neurological baseline?

Yes

[Further work-up in the acute care setting is not indicated](#)

Was the seizure focal?

Focal
Non-urgent neuroimaging (*MRI without contrast*) and EEG, both will be ordered at the Neurology Clinic appointment

Generalized
Neuroimaging is not necessary before EEG is obtained

Provider Education Video

Conversations about new seizures can be challenging. This 5-minute video demonstrates effective communication with families

Anticipatory Guidance

- Explain risk of recurrence
- Educate on seizure first aid and management plan
- Discuss age-appropriate seizure precautions
- Provide follow-up plan
- [Frequently asked questions](#)

Discharge

- Call Neurology if there are questions or concerns
- Place referral for non-urgent Neurology Clinic follow-up appointment (*EEG will be ordered at that time*)
- [Provider Education Video](#)
- [Provide anticipatory guidance](#)
- [Prescribe rescue medication, refer to the medication table and use the Discharge Seizure Rescue Medications Pathway power plan](#)

Contact: EvidenceBasedPractice@cmh.edu

[Link to synopsis and references](#)

Last Updated: 08.06.2024

This clinical pathway is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Copyright © The Children's Mercy Hospital 2024. All rights reserved.