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Objective

Improve quality and safety of care for children with febrile seizures by reducing waste and cost in the evaluation and management of these patients. Specifically:

- Reduce neurology consultations in patients seen in Emergency Department and inpatient with febrile seizures by 10% in 1 year from implementation
- Reduce Emergency Department length of stay in patients with febrile seizures by 10% in 1 year from implementation
- Reduce Admission Rate from Emergency Department in patients with febrile seizures by 10% in 1 year from implementation
- Reduce inpatient length of stay in patients with febrile seizures by 10% in 1 year from implementation
- Maintain current rates of lumbar punctures and CT scans in patients with febrile seizures in Emergency Department and inpatient settings

Recommendations

1. Lumbar puncture, neuroimaging, routine laboratory tests, EEG, and neurology consult are not necessary for a child who is well-appearing after a simple or complex febrile seizure.
2. Further evaluation is indicated in a small subset of children with febrile seizures and is outlined in the Febrile Seizure Pathway.

Rationale

- Safety will be improved through ordering of fewer unnecessary invasive tests.
- Costs will be reduced by reducing length of stay as a result of standardized care.
- Delivery of care will be improved by expediting patient flow through the emergency department and inpatient setting.
- Quality of care will improve by standardizing patient education, clinical evaluation, and treatment.
- Engagement is grounded in the fact that the pathway was developed by an interdisciplinary team including inpatient, Neurology, and Emergency Department nurses and physicians.
- Patient/Family Satisfaction will be improved by consistent messaging from the provider team.

Evidence

Primary studies, systematic reviews, and guidelines from the past 10 years were searched to determine which patients with simple or complex febrile seizures need neuroimaging, laboratory testing, EEG, and lumbar puncture.

Implementation

- Created two algorithms for inpatient and Emergency Department with Learning Center Training Module for the management of febrile seizures
- Developed two ordersets: ED Febrile Seizure Orderset and Febrile Seizure Admit Orderset
- Revised pamphlet PE265 Seizures From A Fever

Metrics Plan

1. Count of Inpatient/obs discharges
2. Median Length of Stay
3. % of patients with any of the specified orderset
 - a. discharges meeting population criteria
4. Average charges per case
5. Readmission
6. Length of stay in ED
7. Admission rate from ED
8. ED and inpatient orderables (electrolytes, LP, CT, EEG, MRI)
9. ED and inpatient neurology consults

PDCA Plan

The CSW owner and committee will follow metrics, continue to review medical literature, and make alterations to the pathway as needed.

Approval

Date Approved:	November 2011
Review Due:	November 2014