

Febrile Seizure Clinical Guideline Development

Authors: Suanur Alp, Anja Touma, Samantha Vullo, Makaia Frober

Clinical guidelines serve a wide variety of purposes including standardizing care, improving patient outcomes, reducing unnecessary interventions, increasing efficiency, ensuring equitable care amongst patients and increasing provider confidence when caring for a patient. For our project, we

focused on the impact of clinical guidelines on provider's comfort, specifically pediatric residents.

The goal of our quality improvement project was to create and publish a clinical guideline for the diagnosis and management of clinically stable children between 6 months - 6 years old presenting

with febrile seizures in order to increase resident comfort in managing these patients by 20%. Febrile seizures affect 2% to 12% of children and are a very common presenting complaint in our

pediatric emergency room. Even within our same institution, there is large variability in regards to

the way febrile seizures are managed. We started by surveying the resident's current comfort without any existing guideline in place. We did this via a google survey which was distributed to current pediatric and medicine/pediatric residents during our weekly education sessions.

Amongst

several questions, one of the items we asked was "On a scale of 1-10 how comfortable are you managing and evaluating children with suspected febrile seizure?" We found that preceding our intervention - the publication of the clinical guideline - first year residents reported an average comfort level of 5.5 out of 10. Second year residents reported an average of 7.1 out of 10. Our method for creating the guideline includes a comprehensive literature review and consultation with

multiple specialists at our institution including emergency medicine, hospital medicine, and neurology. We then crafted our guidelines and are currently in the process of submitting it to the review committee before proceeding with publication. To assess the outcome of our intervention,

we plan to reassess resident comfort when caring for pediatric patients presenting with febrile seizures after one year of the guidelines being published and accessible.