NGN NCLEX · 2026 | PEDIATRIC FOCUS

PEDIATRIC SEIZURES

High-Yield Rapid Review • Assessment • Interventions • Safety • Meds • Family Education

WHAT IS A SEIZURE?

A **sudden, uncontrolled electrical disturbance** in the brain causing changes in behavior, movement, sensation, or consciousness. In children, causes include **fever, epilepsy, trauma, infection (meningitis), electrolyte imbalance (↓Na^+, ↓glucose), or genetic disorders.**

1 TYPES OF PEDIATRIC SEIZURES

Febrile

6 mo – 5 yr

Trigger: rapid ↑ temp (≥38°C/100.4°F). **Most common** seizure in children. Usually benign; genetic predisposition.

Tonic-Clonic

Any age

Tonic: stiffening, LOC. **Clonic:** rhythmic jerking. Tongue biting, incontinence, **postictal sleep/confusion.**

Absence (Petit Mal)

4 – 12 yr

Brief (5–30 sec) staring spells, blinking, no postictal. Often mistaken for **daydreaming/ADHD**. May occur 100+ ×/day.

Infantile Spasms

3 – 12 mo

West syndrome. Sudden flexion/extension ("salaam" attacks). **EEG: hypsarrhythmia.** Medical emergency → refer!

Focal (Partial)

Any age

One hemisphere. **Simple:** awake. **Complex:** altered awareness, automatisms (lip smacking). May have **aura.**

Atonic / Myoclonic

Any age

Atonic: "drop attacks" — sudden tone loss (**helmet!**). **Myoclonic:** brief lightning jerks of muscle groups.

2 FEBRILE SEIZURE DEEP DIVE ★ VERY HIGH YIELD

Simple vs. Complex Febrile Seizure

✓ SIMPLE (typical)

- Duration **< 15 minutes**
- **Generalized** (whole body)
- **Only 1** seizure in 24 hrs
- No neuro deficit after
- Low risk → reassurance

⚠ COMPLEX (red flags)

- Duration **> 15 minutes**
- **Focal** (one side)
- **≥2 seizures** in 24 hrs
- Postictal deficit (Todd paralysis)
- Workup: labs, LP, imaging