

Patient Name: Vaishnavi
Age: 1Y 9M
Gender: F
Disease: Febrile Status Epilepticus



What is Febrile Status Epilepticus?

Febrile Status Epilepticus (FSE) is a **prolonged seizure** triggered by **fever** in a child, typically without an **underlying brain infection or epilepsy**.



Why It's Serious:

- **Medical emergency** requiring immediate treatment.
- Risk of brain injury if seizure is not controlled.
- May increase the **long-term risk of epilepsy**.



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बाल रोग विभाग

DEPARTMENT OF PAEDIATRICS

Ward 18 & Unit-III VI

DOPR

Name	Vaishnavi	Time/Date of admission	20/07/24
Age/Gender	1yr 3months / female	Time/Date of discharge	24/07/24
MRD no	100522	Weight	wt → 8kg

Primary Diagnosis	febrile status epilepticus.
Associated Diagnosis	
Complications	

PRESENTING COMPLAINT:

40 fever x 1 day
abnormal body movement x 3 episodes in 1 day
altered consciousness x 1 day

Child was apparently well 1 day back when she developed fever - high grade 103°F, not ass. w any chills & rigor, continuous, not relieved on medications no diurnal variation & w/o abnormal body movements 3 episodes each lasting 2-3 minutes in form of jerky movements of all 4 limbs, not ass. w URIB, frothing from mouth, not ass. w bowel or bladder incontinence,

PAST HISTORY:

No LOC b/w the seizures & LOC after the seizure.
No trauma, neck stiffness, bleeding from any orifices, vomiting & loose stools
Past w/o → 2 ep seizures ass. w fever (w/o 2 ep febrile SZ).

Delivery at: Home/Hospital	Method: NVD / Caesarian	B. Wt.: N/A	Ex: CIAB / DNCIAB
History of NICU Stay	No w/o NICU stay		

/p

Anthropometry	Observed	Z score or centile	Interpretation
Weight (kg)	8.0 kg	b/w -1 SD to -2 SD	
History / length (cm)	80 cm	b/w Median & +1 SD	
Head Circumference (cm)	80 cm 84 cm	b/w Median & +1 SD	
MFAC	19 cm		

Should admitted with above

complaint initially brought to ER - 2 given
lumen leading & shifted to HDO & started on
Inf Cytharoxone. On evaluation in HDO child clinically
improved regained consciousness & hemodynamic improved
& shifted to ward. LP ordered 9/10 ~~negative~~ ^{Negative} ~~convulsions~~ ^{convulsions}
~~seizure~~ Childs clinical condition improved
No repeat fever spike & No repeat seizure episode
noted. Currently child hemodynamically stable, No repeat
accepting feeds well orally, afebrile, No repeat
seizure episode, extreme, erythematous & for for
discharge.

Date	23/7				
Hb	9.0				
TLC	7.9K				
PLC: N/L/M/E	N/L78				
Platelet	275K				
P/S					
SE: N/R	14/14/1				
KFT: Ur/Creat	13.3/0.23				
LEF: T. Bil/AST/ALT	0.2/54/17				
Ca/ALP/PO ₄	1.5				
PT/PTT/INR					
Blood C/S	No growth				
CSF Bio					
CSF C/yo					
CSF C/S					
Urine ROM					
Urine C/S					
Urine/Asstic Fluid					
P/S					
C/R finding					
OTHER					

[illegible]



भारत सरकार
GOVT. OF INDIA
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V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)



UHID: 20241094731

CONSULTING ROOM NO : 237, TOKEN NO : 15
Clinic Pediatrics
Days: SAT

OUT PATIENT RECORD

Name: VAISHNAVI
Department: Paediatrics
Dept No: 2024058/0054887
Date of Registration: 14-09-2024 10:23:39 AM
UIC: 6
Age: 14.3M
Billing Type: General
Mobile No:
Address: Delhi - South Delhi, DELHI, INDIA
Parent/Guardian Name: N/A

Fee: 0.00
Sex: Female
D/O SURESH
Email:
Occupation: OTHER
Prepared by: Mr. Neha DEO OPD

Wt → 8 kg

gluc/0 febrile status epilepticus

→ last SZ on 20/7/24

→ No fresh e/o SZ

→ Afebrile

→ No fresh issues

EEG → (N)
(20/7/24)
o/e
GC - fair
Vitals - stable
o/e - WNL

Adv
① → hyp PCM (125/5)
5ml po SOS (T > 100°F)

MRI o/f →

(@20) → hyp Levera (100/1)
0.8ml po bd

→ R/V SOS

नए मरीज जो मेडिसिन (औषधि विभाग) में प्रथम बार दिखाने आए हैं उनके लिए परामर्श के लिए नई स्क्रीनिंग/सांयकालीन ओपीडी प्रारंभ की गई है।
परामर्श का स्थान: स्पोर्ट्स इंजुरी सेंटर के सामने मेक शिफ्ट अस्पताल में
समय सारणी: सोमवार से शुक्रवार - सुबह 11.30 से अपराह्न 5.30 तक
शनिवार - सुबह 11 बजे से अपराह्न 2.00 बजे तक

Dr. Sachin Dinkar
PG Resident
Department of Paediatrics
V.M.C. & Safdarjung Hospital
New Delhi - 110029



Advice at discharge (explained to parents by doctor/nurse)-

- Syb PCM (125/5) 5ml po sos ($T > 100^{\circ}F$)
- Syb Levera (100/1) 0.8ml po bd
- (020) → Tab Clobazam (5mg) $\frac{1}{2}$ tab po bd x 3 days
- R/v in OPD for planning MRI brain & EEG → R/v in pediatric OPD on Saturday @ 9 AM.
- Danger signs explained → R/v sos in ER-2.



✓ Follow up in pediatric OPD on Wednesday and Saturday.

✓ Danger signs/symptoms explained:

✓ Lethargy/persistent vomiting/fever/fast breathing/loos stool/seizure or any new symptom which

✓ Patient perceive to be alarming.

✓ Review in ER 2 if any danger sign/symptoms appear.

@ 9 AM

Sachin
1412

Dr. Sachin Duke Stephan
PG Resident
Department of Pediatrics
VMMC & Safdarjung Hospital
New Delhi - 110029

RADIOMETER ABL800 FLEX

ABL835 SAFDARJUNG NEB ER
PATIENT REPORT

Syringe - S 195uL

12:44 PM
Sample #

12/16/2024
10496

Identifications

Patient ID	84657
Patient Last Name	VAISHNAVI
Age	0 years
Sex	Female
Sample type	Venous
Department	
FO ₂ (I)	21.0 %
T	37.0 °C

Here to Help

AAROGYA
SANKALP
FOUNDATION

